UNITED STATES ENVIROMENTAL PROTECTION AGENCY

REGION 7
25 FUNSTON ROAD
KANSAS CITY, KANSAS 66115

FEB 0 8 1999

MAR 1 2 1999

**MEMORANDUM**

SUBJECT: Transmittal of Compliance Evaluation Inspection Report - RCRA

FROM: Alma Moreno Lahm 2/8/99
Environmental Engineer, ENSV/ARCM

TO: Jo Ann Heiman
Chief, RESP/ARTD

This memorandum transmits the following Compliance Evaluation Inspection report performed under a work assignment managed by the Environmental Services Division, Air & RCRA Compliance Branch.

| Facility | EPA ID Number | Date of Inspection |
|---|---|---|
| Industrial Laminates/Norplex<br>665 Lybrand Street<br>Postville, IA 52162 | IAD073489288 | July 28, 1998 |

Attachments

**MEMORANDUM**

SUBJECT: Transmittal of Compliance Evaluation Inspection Report - RCRA

FROM: Alma Moreno Lahm
Environmental Engineer, ENSV/ARCM

TO: Jo Ann Heiman
Chief, RESP/ARTD

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Attachments

ENSV:ARCM:C:\USER\AMORENO\09RO7047\RPTTRSTD.MEM:INDUSTLM.IAD.RPT:AML:8FEB99

ARCM
MORENO LAHM
2/8/99

FEB 0 2 1999

**MEMORANDUM**

SUBJECT: CFC Checklist Transmittal

FROM: Alma Moreno Lahm, Environmental Engineer
ENSV, Air RCRA and Compliance Monitoring Branch (ENSV/ARCM)

TO: Alice Law, CFC Enforcement Coordinator
Air Permitting and Compliance Branch

No CFC checklist was completed for the following site in Iowa.

| Facility | EPA ID Number | Date of Inspection |
|---|---|---|
| Industrial Laminates/Norplex<br>665 Lybrand Street<br>Postville, IA 52162 | IAD073489288 | July 28, 1998 |

If you have any questions, please contact me at extension 5232.

ENSV:ARCM:C:\USER\AMORENO\09RO7047\CFCTRSTD.MEM:INDUSTLM.IAD.CFC:AML:2MAR99

ARCM
MORENO LAHM
3/2/99

EPA

# U.S. Environmental Protection Agency

## Contract No. 68-W4-0004

# RCRA Enforcement, Permitting, and Assistance Contract–EPA Zone III

Tetra Tech EM Inc.

# IOWA COMPLIANCE EVALUATION INSPECTION
# INDUSTRIAL LAMINATES/NORPLEX
# IAD073489288
# 665 LYBRAND STREET
# POSTVILLE, IOWA 52162

**Prepared for:**

**U.S. ENVIRONMENTAL PROTECTION AGENCY**
**Region 7**
**Kansas City, Kansas 66101**



| | | |
|---|---|---|
| Work Assignment Number | : | R07047 |
| EPA Region | : | 7 |
| Date Inspected | : | July 28, 1998 |
| Date Prepared | : | December 29, 1998 |
| Contract Number | : | 68-W4-0004 |
| EPA Work Assignment Manager | : | Alma Moreno Lahm |
| Telephone Number | : | (913) 551-5232 |
| Prepared By | : | Tetra Tech EM Inc. |
| Tetra Tech Project Manager | : | Andrew Mazzeo |
| Telephone Number | : | (913) 495-3940 |

**RCRA COMPLIANCE EVALUATION INSPECTION REPORT**
**FOR**
**INDUSTRIAL LAMINATES/NORPLEX**
665 Lybrand Street
Postville, IA 52162-0977
Phone Number: (319) 864-7321
EPA I.D. NUMBER: IAD073489288

INSPECTION CONDUCTED ON

JULY 28, 1998

BY

TETRA TECH EM INC.

FOR

U.S. ENVIRONMENTAL PROTECTION AGENCY
Region 7
Environmental Services Division

## INTRODUCTION

At the request of the Environmental Services Division, a Resource Conservation and Recovery Act (RCRA) compliance inspection was conducted at the above-mentioned facility under Contract Number 68-W4-0004, Work Assignment Number R07047. The inspection was conducted under the authority of Section 3007 of RCRA, as amended. This narrative report and attachments present the results of the inspection.

## PARTICIPANTS

Industrial Laminates/Norplex (ILN):
Scott Loven, Health, Safety and Environmental Quality Manager

U.S. Environmental Protection Agency (EPA):
Kris Goschen, Multimedia Inspector

Tetra Tech EM Inc. (Tetra Tech):
Ann Y. Galbraith, Environmental Engineer

## INSPECTION PROCEDURES

Mr. Goschen accompanied me during this inspection. We arrived at the facility at approximately 1:20 p.m. At about 1:30 p.m., I conducted a normal site entry and inbriefing. I contacted Mr. Scott Loven, the facility Health, Safety and Environmental Quality Manager. Mr. Loven acted as the official facility representative during the inspection.

Mr. Goschen and I presented our EPA credentials and explained the purpose of the CEI, the authority under which the inspection would be conducted, and the procedures that I would follow. I explained to Mr. Loven that the facility could claim any information provided to EPA during the course of the inspection to be confidential business information and that he would be given the opportunity to make such a claim in writing at the close of the inspection. I also explained to Mr. Loven the requirements of United States Code (U.S.C.) Section 1001 and 1002, which require that true and accurate information be provided to the federal government. Entry procedures are documented in the RCRA Data Gathering Worksheet and Checklist, Site Entry and Inbriefing Worksheet (Attachment 1, page 4).

I discussed the facility's waste generation and management with Mr. Loven and was also accompanied on the visual inspection by Mr. Loven. During the inspection, I completed the appropriate inspection checklists, collected information through photographs, and conducted an exit briefing. During the exit briefing, I summarized and reviewed my findings with Mr. Loven and told him that, if appropriate, EPA would issue a Notice of Violation after reviewing the inspection report. Mr. Loven signed the Confidentiality Notice (Attachment 2) and the Receipt for Documents and Samples (Attachment 3). Mr. Loven declined to claim any information as confidential business information. Exit briefing procedures are documented in the RCRA Data Gathering Worksheet and Checklist, Exit Briefing Worksheet (Attachment 1, pages 27 and 28).1

## FACILITY DESCRIPTION

According to Mr. Loven, the facility has operated at this location since 1974. The street address is 665 Lybrand Street, Postville, Iowa. A facility map is included as Attachment 4.

The former name of the facility was AlliedSignal Laminate Systems and the name of the parent company was AlliedSignal. The current facility operator is Industrial Dielectric. AlliedSignal is still the property owner. Industrial Dielectric leases the facility from AlliedSignal.

The facility manufactures industrial-grade laminates, mostly for use in the automotive industry. Mr. Loven stated that typical solvents include xylene, acetone, toluene, and methyl ethyl ketone. Liquid solvents are stored in aboveground tanks in a flammable material storage room on the east end of the building. Solvents are piped directly from the tanks to the treater process units. The treater units consist of large dip pans containing the solvent and resin mixture. The base material for the laminates, either paper, cloth or fiberglass, is placed on a roller and fed through the solvent and resin mixture in the dip pan. The resin is what hardens the material to make the laminate sheets. From the treater, the materials are hardened in an oven and then cut and placed in layers in a press to form the various laminates. See the RCRA Data Gathering Worksheet and Checklist, Facility Background Worksheet (Attachment 1, Pages 5 and 6).

According to the Resource Conservation and Recovery Information System (RCRIS) database, ILN is listed as a large quantity hazardous waste generator. However, the facility did not have a copy of their Notification of Hazardous Waste Activity available during the inspection. There was not a copy of the notification in the EPA files for ILN either. Waste generated at the facility includes waste resin and spent solvent mixtures, resin-contaminated cleanup rags, still bottoms from a solvent recovery still, parts washer solvents, used oil, and solvent-contaminated groundwater. For more information on waste generated, see the Generator Waste Stream Worksheet (GWSW) of the Data Gathering Worksheet and Checklist (Attachment 1, Pages 7-12).

## FINDINGS AND OBSERVATIONS

This section summarizes the facility's waste streams, RCRA regulatory status, and potential violations noted during the inspection. Additional information regarding the inspection is noted in Attachment 1, RCRA Data Gathering Worksheet and Checklist.

### 1. Waste Streams

#### A. Resin and Solvent Mixture

According to Mr. Loven, ILN uses a treater process to impregnate a base material (cloth, paper, or fiberglass) with resin to make laminate intermediate sheets. The treater dip pan contains a resin and solvent mixture. Once this material is spent, it is removed from the dip pan and placed in 55-gallon drums. Mr. Loven stated that approximately 7500 pounds of this waste stream are generated in a month. According to Mr. Loven, the facility considers this waste stream hazardous by product and process knowledge. The disposal facility which takes this waste performed a waste profile analysis prior to accepting the first shipment. The EPA waste codes identified for this waste are D001, F003, and F005. I observed two 55-gallon drums of the Resin and Solvent Mixture in the Treater 90-Day storage area during my inspection, both with labels identifying the contents. The small bung on one of the drums was open. **As no waste was being added to or removed from the drum at the time of the inspection, this is a potential violation of the 40 Code of Federal Regulations (CFR) 265.173, for failure to keep a container closed except when adding or removing waste.**

#### B. Clean-up Rags

Mr. Loven stated that cleaning rags are used by ILN to wipe resin from the sides of containers and the dip pans. These clean-up rags are contaminated with resin. I observed one 55-gallon drum, approximately 1/4 full containing clean-up rags in the Treater 90-Day storage area. **No potential violations were noted regarding the management of this waste stream.**

#### C. Still Bottoms

ILN operates a solvent recovery batch distillation unit. According to Mr. Loven, portions of the resin and solvent waste stream, identified by the facility as epoxy wash and phenolic wash, are batch distilled to recover the solvents. Approximately 3,000 pounds of still bottoms are generated each month from this solvent recovery process. The still bottoms are removed from the recovery unit and placed in 55-gallon drums for storage in the Still Room 90-Day storage area. The facility considers this waste to be hazardous by process knowledge. Also, the disposal facility for this waste stream, WRR

Environmental Services Co., Inc., in Eau Claire, Wisconsin, performed a waste profile analysis on the waste prior to accepting the first shipment. The EPA waste codes associated with this waste stream are D001, F003, and F005. I did not observe any drums of still bottoms in the Still Room 90-Day storage area at the time of the inspection. **No potential violations were noted regarding the management of this waste stream.**

**D. Parts Washer Solvents**

ILN maintains parts washers provided by Safety-Kleen and a parts washer for stainless steel parts from the treater and press process equipment. Mr. Loven stated that this waste stream contains petroleum naphtha and the facility considers it hazardous due to ignitability. The waste is disposed of by Safety-Kleen. The EPA waste codes associated with this waste by Safety-Kleen are D001, D008, D018, D039, and D040. According to the ILN 1997 Hazardous Waste Report, the facility generates 8 gallons of this waste stream in a year. **No potential violations were noted regarding the management of this waste stream.**

**E. Used Oil**

According to Mr. Loven, ILN generates used oil from servicing forklifts and presses. However, Mr. Loven did not know the generation rate for used oil. The facility maintains a 1500-gallon tank for storing used oil. The tank has adequate secondary containment and is labeled as "Used Oil." This waste stream is not hazardous. **No potential violations were noted regarding the management of this waste stream.**

**F. Well Water**

Mr. Loven stated that ILN generates an ignitable solvent and water mixture from a groundwater extraction process. Groundwater at ILN became contaminated with solvents at the time AlliedSignal operated the laminates production facility. Mr. Loven stated that AlliedSignal made a waste determination on the well water as required by a corrective action measure to clean-up groundwater contaminated with toluene and methanol. The EPA waste codes associated with this waste stream are D001, D007, D008, F003, and F005. AlliedSignal has contracted with ILN to manage and dispose of this waste stream. ILN extracts groundwater on a daily basis and generates approximately 3,480 gallons of contaminated groundwater per quarter. This waste is stored in 55-gallon drums in the Outside 90-Day Storage Shed. I observed 30 drums of contaminated well water during the inspection. Approximately 10 of these drums were labeled with the date of "7-10." This is an incomplete date without the year indicated. Without the year indicated, there is no way to determine if the drums have been stored for less than 90 days or for a year or more. **This is a potential violation of 40 CFR 262.34 for failure to mark the containers with an accumulation start date.**

**2. RCRA Status**

Based on the information provided by Mr. Loven and documented on the GWSW of the Data Gathering Worksheet and Checklist (Attachment 1, Pages 7-12), the facility currently generates more than 1,000 kilograms of hazardous waste a month. Therefore, I inspected the facility as a large quantity hazardous waste generator.

### 3. Hazardous Waste Container Storage

ILN maintains four satellite accumulation areas (SAA). These areas are the Still Room SAA, the Epoxy Wash SAA in the Wet End Treater 1, the Phenolic Scrap SAA in the Lower Compound Room, and the Phenolic Wash SAA in the Upper Compound Room. The wastes maintained in these areas are all components of the Resin and Solvent Mixture. During my visual inspection of the four SAAs, I observed one drum in each area with the small bung open (For an example, see Attachment 5, Photos 2-Still Room SAA; and 6-Lower Compound Room Phenolic Scrap SAA). Waste was not being added to, or removed from, any of these drums during the inspection. **This is a potential violation of 40 CFR 262.34 referencing 265.173 for failure to keep a satellite container closed except when adding or removing waste.**

The Lower Compound Room Phenolic Scrap SAA (Attachment 5, Photo 5) contained two, 55-gallon drums of waste. A melamine and water waste drum was full and dated 07/28/98, the date of the inspection. The drum was not marked "Hazardous Waste," but Mr. Loven stated that this waste stream was hazardous. The drum was marked with the words "Melamine and water." The second drum in the SAA contained liquid phenolic resin waste and was labeled "Hazardous Waste." It was not full. I reminded Mr. Loven that the generator standards for SAAs in 40 CFR 262.34 require that the amount of waste in excess of 55 gallons be removed from the SAA in 3 days from the date the excess began to accumulate. **As the full SAA drum was dated on the date of the inspection, no potential violations were noted regarding the management of this SAA.** See the RCRA Data Gathering Worksheet and Checklist, Visual Review Worksheet and Checklist, "SA3," (Attachment 1, Page 26).

The drum of phenolic wash in the Upper Compound Room SAA was dated 06/29/98, but was not full. Mr. Loven stated the date was an accumulation start date, not a full date. This area is considered a SAA by the facility, not a 90-day storage area. The generator requirements at 40 CFR 262.34(c)(2) state that the generator must only date a container in a SAA which holds amounts of waste in excess of 55-gallons. **No potential violations were noted regarding the management of this SAA.**

Mr. Loven stated that hazardous waste storage area inspection checklists are completed once a month during the weekly inspection of the three storage areas at the facility. I reviewed the inspection checklists for 1998, a total of seven, and found two of the seven with no check marks placed next to the items on the list to be inspected. However, both of these checklists were signed by Mr. Loven as a completed inspection (See Attachment 6, checklist dated 4/24/98.). The RCRA standards at 40 CFR 265.174 require areas where containers are stored to be inspected, at least weekly, for leaks and deterioration caused by corrosion or other factors. **As there were no marks on the checklists in question, it could not be determined that an inspection had been conducted. This is a potential violation of the requirements of 40 CFR 265.174.**

### 4. Contingency Plan/Emergency Preparedness

I reviewed ILN's Emergency Response Manual during the inspection. This manual discusses actions to take for all emergencies at the facility, not only those involving hazardous waste. The manual appeared to meet all of the requirements for a contingency plan as set forth in 40 CFR 265.51(a), 265.53(a), 265.52(a), (c), (d), (e), and (f), and 265.55. **No potential violations were noted with regard to the contingency plan.**

The ILN facility stores new hydraulic oil in a 2,000-gallon aboveground storage tank with secondary containment consisting of a raised bump in the pavement to the south of the tank. The facility Emergency Response Manual includes a spill control and response plan. A specific spill prevention, control, and countermeasures (SPCC) plan has not been prepared for the facility. If the facility is required to have an SPCC plan per 40 CFR 112, its current plan may need revision to meet all of the regulatory requirements.

**5. Manifests/Land Disposal Restriction Notifications (LDR's)**

I reviewed manifests and LDR forms for the past three years during the inspection. There were approximately 30 manifests. I did not observe any manifest violations during the inspection. Examples of manifests are included as Attachment 7. **No potential violations were noted regarding the use and management of the manifest system and the requirements at 40 CFR 262 and 268.**

**6. Training Plan and Records**

The facility provided a description of personnel training that included Department of Transportation (DOT) requirements and RCRA requirements. Mr. Loven said that the facility conducts annual, as well as regular on-the-job training. I reviewed documentation of the annual training. However, at the time of the inspection, Mr. Loven could not provide job titles and job descriptions for those personnel handling hazardous waste. See Attachment 1, RCRA Data Gathering Worksheet and Checklist, Records Review Worksheet and Checklist (RRWC), "Personnel Training," Page 17. Mr. Loven faxed the job titles and descriptions to me following the inspection (Attachment 8). I received the information to satisfy this requirement on July 30, 1998. **No potential violations were noted regarding personnel training requirements at 40 CFR 262.16(d)(1) and (2).**

The documentation of annual training reviewed was for 1998. Training records for past years were not available at the time of the inspection. Employee training records are required by 40 CFR 265.16(d) and (e) to be maintained on site and for 3 years after the termination of employment for former employees and until closure of the facility for current employees. Mr. Loven stated that records are kept on-site with personnel records, but could not provide documentation at the time of the inspection or following the inspection. **This is a potential violation of 40 CFR 265.16(d) and (e).** See Attachment 1, Data Gathering Worksheet and Checklist, RRWC, "Personnel Training," Page 17.

Ann Y. Galbraith
Environmental Scientist, Tetra Tech EM Inc.
Date: 12/29/98

Attachments:

1. RCRA Data Gathering Worksheet and Checklist (28 pages)
2. Confidentiality Notice (1 page)
3. Receipt for Documents and Samples (1 page)
4. Facility Map/Evacuation Routes (1 page)
5. Photographs (9 photos)
6. Inspection Log (4 pages)
7. Manifests (2 pages)
8. Job Titles and Descriptions (6 pages)

**ATTACHMENT 1**

**CONFIDENTIALITY NOTICE**
**(1 page)**

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

| | |
|---|---|
| Facility Name: Industria / Laminates / Norplex | |
| Facility Address: 665 Lybrand, Postville, IA | |
| Inspector (print): Ann Galbraith | |
| U.S.EPA, Region VII, ENSV Division, 25 Funston Road, Kansas City, KS 66115 | Date 7/28/98 |

The United States Environmental Protection Agency (EPA) is obligated, under the Freedom of Information Act, to release information collected during inspections to persons who submit requests for that information. The Freedom of Information Act does, however, have provisions that allow EPA to withhold certain confidential business information from public disclosure. To claim protection for information gathered during this inspection you must request that the information be held CONFIDENTIAL and substantiate your claim in writing by demonstrating that the information meets the requirements in 40 CFR 2, Subpart B. The following criteria in Subpart B must be met:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.

2. No statute specifically requires disclosure of the information.

3. Disclosure of the information would cause substantial harm to your company's competitive position.

Information that you claim confidential will be held as such pending a determination of applicability by EPA.

| | |
|---|---|
| I have received this Notice and DO NOT want to make a claim of confidentiality at this time. | |
| Facility Representative Provided Notice (print): Scott Lovey | Signature/Date: Scott Lovey 7/28/98 |

| | |
|---|---|
| I have received this Notice and DO want to make a claim of confidentiality. | |
| Facility Representative Provided Notice (print) | Signature/Date |

Information for which confidential treatment is requested:

(Rev: 4/15/98)

**ATTACHMENT 2**

**RECEIPT FOR DOCUMENTS AND SAMPLES**
**(1 page)**

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

| Facility Name | Industrial Laminates/Norplex |
|---|---|
| Facility Address | 665 Lybrand, Postville, IA |

Documents Collected? YES ✓ (list below) NO___

Samples Collected? YES___ (list below) NO ✓ Split Samples: YES___ NO___

Documents/Samples were: 1)Received no charge ✓ 2)Borrowed___ 3)Purchased___

Amount Paid: $_____ Method: Cash___ Voucher___ To Be Billed___

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

==========

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

1- HW manifest for contaminated well water
1- HW manifest for process hazardous wastes
4- HW storage area inspection checklists
1- fax 1/p layout map w/evacuation routes

| Facility Representative (print) | Signature/Date |
|---|---|
| Scott Loven | 7/28/98 |
| Inspector (print) | Signature/Date |
| Ann Galbraith | 07/28/98 |

U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101

(rev:1/20/93)

**ATTACHMENT 3**

**RCRA DATA GATHERING**
**WORKSHEET AND CHECKLIST**
**(28 pages)**

Activity #: N/A



## PRE-INSPECTION WORKSHEET

### GENERAL INFORMATION

1. Facility Name: Industrial Laminates/Norplex
2. Inspection Date: 7/28/98
3. Facility Address: 665 Lybrand Street, Postville, IA 52162
4. EPA I.D. #: IAD073487288
5. State I.D. #: N/A
6. Location Information: Northeast of Postville, Iowa.
7. Facility Contact: Scott Loven, HS&EQ Manager — Phone #: (319) 864-7321
8. Inspector Name/Title: Ann Galbraith, Environmental Engineer — Phone #: (913) 495-3944
9. Inspection Type: ☐ SQG ☒ LQG ☐ TSD ☐ Other — Inspection #:

### TRAVEL INFORMATION

Dates of Travel: 7/27/98 to 7/29/98 ☒ GOV ☐ POV

| Date | Hotel | Phone # | Rate |
|---|---|---|---|
| 7/27/98 | Best Western Red Fox Inn | (319) 352-5330 | $47.60 + tax |
| 7/28/98 | Shoney's Inn & Suites, Cedar Rapids | (319) 378-3948 | $49.00 + tax |
| | | ( ) - | |

Additional inspection conducted during this trip? ☒ YES ☐ NO

Where: Dick's Petroleum, Tripoli, IA; F&W Service Co., Marion, IA

Compensatory time requested? ☐ YES ☐ NO # of hours: _____ Dates: _____

Overnight vehicle requested? ☐ YES ☐ NO

Car signed out? ☐ YES ☐ NO Vehicle #: _____

NOTE: Provide a copy of this page for the secretary and mark the copy → ☐ Secretaries Copy

### CONTACTS

10. Compliance Officer/Phone # : Alma Moreno-Lahm / (913) 551-5232
11. State Contact/Phone #/ ☒ N/A : _____
    Location _____
12. Permit Writer/Phone # ☒ N/A : _____
13. Attorney/Phone # ☒ N/A : _____
14. Other Contacts/Phone # ☒ N/A : _____

Activity #: N/A



KEY INFORMATION FROM FILE REVIEW

15. Date of last inspection: ~~2/2/98 (Screening)~~ 7/15/94 AMG ☐ Not previously inspected

16. Key information from last inspection: Manufacture plastic laminates (Operations, waste streams/codes, waste management processes, etc.)
solvent/resin mix waste, waste clean-up pag (flammable) parts washer solvent, *used oil (150 gal/mo) ferric chloride. All wastes (except ferric chloride) picked up by S-K in 1994. Facility has still for solvent recovery. D001, D002, D007, D008, D009, D018, D035, F003, F005; u-listed?

17. Compliance/Administrative issues from last inspection: used oil storage not labeled; * From 1997 Waste Generation report, have a waste stream from "contaminated groundwater."

18. Most recent notification copied: ☐ YES ☒ NO

19. Key Interim Status information: ☒ N/A (container/tank storage limits, etc.) Key Permit Information: ☒ N/A

20. OTHER RECORDS/COMPLIANCE INFORMATION
1997 Generators Waste Report

21. Copies of facility map or diagram made? ☐ YES ☐ NO ☒ N/A Not available in file.

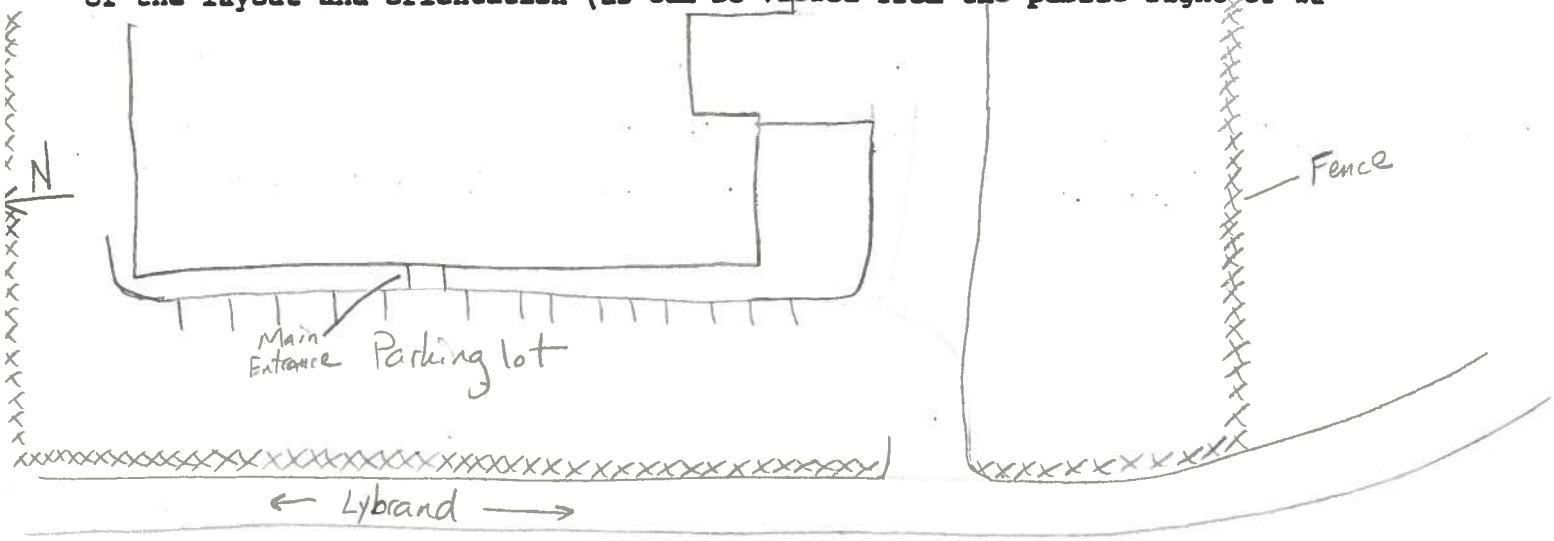
22. Additional Notes:

## DRIVE-BY WORKSHEET

1. Arrival time: 1310

2. Drive-by conducted from public right-of-way? ☒ YES ☐ NO

3. Determine the direction "North" with respect to the facility and provide a brief sketch of the layout and orientation (as can be viewed from the public right-of-wa




4. Obvious concerns visible from public right-of-way? ☐ YES ☒ NO
(Note area(s) of concern)

| | | |
|---|---|---|
| ☐ Containers | ☐ Tanks | ☐ Processing Equipment |
| ☐ Loading Areas | ☐ Unloading Areas | ☐ Security Devices |
| ☐ Open Drums | ☐ Stressed Vegetation | ☐ Unusual Staining |
| ☐ Unusual Odors | ☐ Obvious Discharges | ☐ Improper Disposal |
| ☐ Safety Concerns | ☐ Other Concerns | |

5. Notes/Observations: Sketch shows only portion of building and property visible from the public right-of-way.

5. Photo's Taken? ☐ YES ☒ NO Photo Numbers: _____
(note location/direction on sketch)

| DOCUMENTATION: | *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?* |
|---|---|

Activity #: N/A



## SITE ENTRY AND INBRIEFING WORKSHEET

1. Initial entry procedures:

☑ Used main entrance ☒ Entered during normal operating hours

2. Facility Representative(s): Scott Loven (SL) Title: Health Safety & Environment Mgr

Title:

Title:

3. Does the facility representative(s) have intimate knowledge of all aspects of the waste generation and management practices? ☒ YES ☐ NO
(How was this verified?) - Questions about his position and job responsibilities.

4. How long has facility representative worked in their position? 2 years

5. Were unreasonable or excessive delays encountered (>15 minutes): ☐ YES ☒ NO

6. Introduction:

☒ Presented credentials

☒ Verified presence at correct facility (checked address/I.D. #)

☒ Explained authority to conduct inspection (Section 3007 of RCRA)

☒ Explained the purpose, scope, and order of the inspection

☒ Explained documentation process through the use of worksheets, checklists, photo's, notes, statements, etc.

☒ Explained EPA's need to collect and the facilities responsibility to provide accurate information and provided copies of Section 1001 and 1002 U.S.C. to facility

☒ Explained facility's right to claim CBI and provided pages 1 and 2 of CBI form for signatures

☒ Identified personal safety considerations: Safety glasses in plant

☒ Explained that findings and observations are based on your current knowledge of RCRA and that the final findings may differ

7. Was full access granted? ☒ YES By who? (name): Scott Loven

☐ NO Obtain name of person denying access, time of denial, reason for denial, or note limitations placed on access:

| DOCUMENTATION: | *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?* |
|---|---|

Activity #: N/A



## FACILITY BACKGROUND WORKSHEET

1. Site history:

Date facility began operating: 1974 Number of employees: 120

Number of shifts/hours worked: 3 manufacturing shifts (approx. 1 hour overlap per shift) Number of days worked per week: 5

Size (sq. ft., how divided): ~400,000 sq ft (per SL)

Property owner and facility operator the same? ~~YES~~ NO ~~NO~~ YES

Allied Signal, owner of property. ~~Owner~~ Operator: Industrial Dielectric

2. Major products or services provided: Manufacture industrial laminates; mostly for use in the automotive industry.

3. Major raw materials used: Paper; cloth; fiberglass; resin; solvents (stored in flammable storage)

4. Major manufacturing or processing operations which generate waste streams: (provide brief description)

| Operation | Waste Stream(s) |
|---|---|
| Treater (dip pan) process | Resin & solvent mixture; epoxy and phenolic waste |
| Treater (dip pan) process/still | Clean-up rags |
| Solvent recovery still | still bottoms |
| S-K parts washer & parts washer for stainless steel parts | parts washer solvents |
| Servicing of forklifts and presses | used oil |
| Pumping groundwater remediation wells | Solvent contaminated groundwater |

5. Complete a Generator Waste Stream Worksheet and/or Off-Site Waste Stream Worksheet for the waste streams noted above and then finish this form.

Activity #: N/A



6. Verified/compared above information with facility Notification Form: ☐ YES ☒ NO

Notification form not available in Scott Loven's files.

7. GENERATOR STATUS: ☐ CE (0-100kg/mo) ☐ SQG (100-1000kg/mo) ☒ LQG (>1000kg/mo)
(based on records review)

Is facility's status solidly within above category? ☒ YES ☐ NO
(If not carefully verify status and document)

8. TSD STATUS: ☐ Treatment ☐ Storage ☐ Disposal N/A

Note: Types of units, number of units, capacities, processes, etc.

9. Resolved questions from Pre-Inspection Worksheet? ☒ YES ☐ NO ☐ No Questions

From file review, amount indicated for used oil generation seemed too high. During inspection, Scott Loven provided information that the used oil was a mixture of use hydraulic oil and water. Approximately 17,850 gals of the used oil and water mixture were shipped out in 1997. This amount corresponds closely to the generation rate of 1,750 gallons/month indicated in the facility files at EPA Region 7.

10. Resolved compliance officers questions from Pre-Inspection Worksheet? ☐ YES ☐ NO ☒ No Questions

11. Requested site map or diagram to identify all observations? ☒ YES ☐ None available

Copy of evacuation route map from emergency response manual

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: N/A



## GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Resin and solvent mixture

2. Waste stream generation process: Spent material from treater dip pans. Treater process is used to impregnate base material (cloth, paper, fiberglass) with resin to make laminate intermediate sheets.

3. Amount and frequency of waste stream generation (note amount per month):

_____ Gallons 7500 Pounds per ☐ Day ☐ Week ☒ Month

☐ Other : _____

☐ Unknown: _____

Formulas/Calculations: _____

4. On-site management practices (check all that apply):

☒ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☒ Other Recycling

Stated storage times (days): ☒ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: WRR Environmental Services Co., Inc. 5200 State Road 93, Eau Claire, WI 54701

Frequency of shipments: Approximately - one per month.

Transporter: Ashland Chemical Company; 2nd transporter: Tri-State Motor Transit Co., Inc.

Ultimate disposition of waste: ☐ Known ☒ Unknown

6. Number of years/months facility generated this waste: From: 1974 To: Present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☒ YES ☒ NO

Scott Loven was not aware of any changes regarding this waste other than the off-site disposal facility was previously Chemical Waste Management and Safety-Kleen.

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☒ By product knowledge (MSDS, other info) ☒ By process knowledge (use of material) ☒ By testing (test results)

Testing performed by disposal facility prior to accepting first shipment (per Scott Loven).

Activity #: N/A

10. EPA waste codes identified by facility: D001, F003, F005

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO

N/A

12. Were hazardous waste determination adequate? ☒ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? N/A ☐ YES ☐ NO

15. Is waste stream consistent with generator Notification? Unknown ☐ YES ☐ NO
Notification was not available. However, waste stream is consistent with the facility 1997 Hazardous Waste Report obtained during the pre-inspection file review.

16. Notes/Observations:

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ☒ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations:

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #: N/A



## GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Still Bottoms

2. Waste stream generation process: From solvent recovery batch distillation unit. Portions of the resin and solvent waste (identified by the facility as epoxy wash and phenolic wash) are batch distilled to recover the solvents.

3. Amount and frequency of waste stream generation (note amount per . . _):

_____ Gallons 3000 Pounds per ☐ Day ☐ Week ☒ Month

☐ Other : _____

☐ Unknown: _____

Formulas/Calculations: _____

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stated storage times (days): ☒ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: WRR Environmental Services Co. Inc. 5200 State Road 11 93, Eau Claire, WI 54701

Frequency of shipments: Approximately one per month.

Transporter: Ashland Chemical Company; 2nd transporter: Tri-State Motor Transit Co., Inc.

Ultimate disposition of waste: ☐ Known ☒ Unknown

6. Number of years/months facility generated this waste: From: 1974 To: Present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☒ YES ☐ NO

Per Scott Loven, the offsite management of the facility used to be Chemical Waste Management and before that, Safety-Kleen; however, managment by Safety-Klean was prior to his employment at the facility.

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: ☐ Not completed by facility
(check all that apply)

☐ By product knowledge (MSDS, other info) ☒ By process knowledge (use of material) ☒ By testing (test results)

Testing by disposal facility prior to accepting first shipment (per Scott Loven).

Activity #: N/A

10. EPA waste codes identified by facility: D001, F003, F005

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO
N/A

12. Were hazardous waste determination adequate? ☒ YES ☐ NO
(includes LDR and analysis for on-site treatment)

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? N/A ☐ YES ☐ NO

15. Is waste stream consistent with generator Notification? Unknown ☐ YES ☐ NO
Notification not available. However, waste stream consistent with facility 1997 Hazardous Waste Report submitted to EPA Region VII.

16. Notes/Observations:

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ☒ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations:

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

## GENERATOR WASTE STREAM WORKSHEET

1. Name of waste stream: Well Water

2. Waste stream generation process: Ignitable solvent and water mixture from contaminated groundwater. Contains toluene and methanol

3. Amount and frequency of waste stream generation (note amount per quarter):

3,480 Gallons _____ Pounds per ☐ Day ☐ Week ☐ Month

☒ Other : generation rate per quarter; ≈ 3,480 gallons / 3 months

☐ Unknown:

Formulas/Calculations:

4. On-site management practices (check all that apply):

☐ Satellite Accumulation ☒ Container Storage ☐ Tank Storage

☐ Treatment ☐ Disposal ☐ Other

Stated storage times (days): ☒ <90 ☐ <180 ☐ <270 ☐ I.S./Permit

5. Off-site management activities:

Shipped to: CWM Resource Recovery, Inc., 4301 Infirmary Rd., West Carrollton, OH 45449-0453

Frequency of shipments: Every 2-3 months

Transporter: Tri-State Motor Transit Company

Ultimate disposition of waste: ☒ Known ☐ Unknown

Water mixture is distilled for solvent recovery and then water is deep well injected.

6. Number of years/months facility generated this waste: From: 1995 To: Present

7. Were there any changes (over time) in the type(s) of waste generated from this process and/or in the management of this waste?

☐ YES ☒ NO

8. Facility considers this waste to be: ☒ Hazardous ☐ Non-Hazardous

9. Method of waste determination/identification: (check all that apply) ☒ Not completed by facility

☐ By product knowledge (MSDS, other info) ☐ By process knowledge (use of material) ☐ By testing (test results)

Waste determination made by Alliedsignal as required by corrective action. Alliedsignal has contracted with Industrial Laminates/Norplex to manage and dispose of this hazardous waste which is generated from a corrective action measure to clean-up contaminated groundwater. Groundwater was contaminated during time that Alliedsignal operated the laminates production facility.

Activity #: _____



10. EPA waste codes identified by facility: D001, D007, D008, F003, F005

11. Were non-hazardous waste determinations adequate? ☐ YES ☐ NO

N/A

12. Were hazardous waste determination adequate? ☒ YES ☐ NO
(includes LDR and analysis for on-site treatment)

LDR available in facility files for disposal of this waste.

13. Waste determination made by inspector? ☐ YES ☒ NO

(Remember to obtained proof to support your waste determinations)

14. Copies of waste determination obtained if necessary? N/A ☐ YES ☐ NO

15. Is waste stream consistent with generator Notification? Unknown. ☐ YES ☐ NO

Notification not available. However, waste stream is consistent with the 1997 Hazardous Waste Rept the facility submitted to EPA Region VII.

16. Notes/Observations:

VISUAL VERIFICATION SECTION

17. Are waste generation processes the same as previously described?: ☒ YES ☐ NO

18. Do the EPA waste codes appear correct? ☒ YES ☐ NO
(If no, list apparent codes & provide supporting information)

20. Notes/Observations:

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

Activity #: N/A  Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

RECORDS REVIEW WORKSHEET AND CHECKLIST

## A. MANIFESTS

1. Location of manifests: Office of Health, Safety + Environmental Quality office Arg
2. Person(s) responsible for manifests: Scott Loven, HS&EQ Manager

| # | //x | REGULATORY REQUIREMENT | MANIFEST #'s AND COMMENTS |
|---|---|---|---|
| 3. | ✓ | Facility uses manifest system-262.20(a) | |
| 4. | ✓ | Manifests maintained for 3 years-262.40(a) | |
| 5. | ✓ | Generator EPA I.D. number-262.20(a) | |
| 6. | ✓ | Generator name, address, phone number-262.20(a) | |
| 7. | ✓ | Transporter(s) name & EPA I.D. number-262.20(a) | |
| 8. | ✓ | Designate facility name, address, phone number, & EPA I.D. number-262.20(a) | |
| 9. | ✓ | Alternate facility designated-262.20(c) | |
| 10. | ✓ | Five digit document number-262.20(a) | |
| 11. | ✓ | DOT shipping name, hazard class, waste code, & RQ (if required-49 CFR 172)-262.20(a) | |
| 12. | ✓ | Containers: numbers, type, quantity, unit wt/vol. -262.20(a) | |
| 13. | ✓ | Proper certification including waste minimization-262.20(a) | |
| 14. | ✓ | Signed and dated-262.23(a) | |
| 15. | N/A | Exception report submitted if necessary-262.42 | |
| 16. | N/A | Waste reclaimed under contractual agreement (SQG only)-262.20(e)(1) | |
| 17. | N/A | Generator maintains copy of contractual agreement (SQG only)-262.20(e)(2) | |
| 18. | ✓ | LDR notification/certification sent with all manifests or (1st shipment under tolling agreement, SQG only)-268.7(a) | |
| 19. | ✓ | LDR notification/certification includes: manifest number, correct EPA waste codes & treatment standards, and waste analysis data-268.7 | |
| 20. | ✓ | LDR notification/certification maintained for 5 years-268.7.(a)(7) | Only looked at manifests and LDR forms for past 3 years. |

✓-in compliance X-not in compliance N/A-not applicable

21. Approximate number of manifests generated since last inspection _____, or over past 3 years 36
22. Approximate number of manifests reviewed: 30
23. Copies of manifests made with regulatory violations? ☐ YES ☒ NO No manifest violations observed.
24. Biennial Reports submitted per 262.41? ☒ YES ☐ NO

DOCUMENTATION: *HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen?* and *WHAT PROOF WAS OBTAINED?*

Activity #: N/A Facility Status: ☐ SQG ☒ LQG ☐ I.S./P Page 14 of 28

25. Additional requirements for ~~off-site~~ generated manifests: (please note

| # | √/X | ADDITIONAL I.S./PERMIT* REGULATORY REQUIREMENTS | MANIFEST #'s AND COMMENTS |
|---|---|---|---|
| a. | N/A √ N/A | Manifests signed and dated-265.71(a)(1) | |
| b. | N/A | Manifest discrepancies noted and corrected w/in 15 days-265.71(a)(2) | |
| c. | N/A √ N/A | Copy immediately given to transporter-265.71(a)(3) | |
| d. | N/A | Copy sent to generator w/in 30 days-265.71(a)(4) | |
| e. | N/A √ N/A | Manifests retained for 3 years-265.71(a)(5) | |
| f. | N/A | LDR notification/certifications retained for 5 years-268.7(b)(6) | |

√-in compliance X-not in compliance N/A-not applicable *-please note applicable permit requirement

g. Approximate number of manifest received since last inspection _____, or over past 3 years _____ N/A

h. Approximate number of manifests reviewed: N/A

i. Copies of manifests made with regulatory violations? ☐ YES ☐ NO N/A

j. Biennial Reports submitted per 265.75 ☐ YES ☐ NO N/A

26. Notes/Observations: _____

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW long did it happen?* and *WHAT PROOF WAS OBTAINED?*

Activity #: N/A  Facility Status: ☐ SQG ☒ LQG ☐ I.S./P

## B. PREPAREDNESS AND PREVENTION

1. Name of designated Emergency Coordinator(s): Scott Loven

| # | √/X | REGULATORY REQUIREMENTS | COMMENTS |
|---|---|---|---|
| 2. | ✓ | Arrangements with local emergency agencies made- 262.34(d)(4)-265.37 [SQG] or 262.34(a)(4)-265.37 [LQG, I.S.] | |
| 3. | ✓ | Emergency coordinator on premise or on call- 262.34(d)(5) [SQG] or 262.34(a)(4)-265.55 [LQG, I.S.] | |

√-in compliance X-not in compliance N/A-not applicable

4. Can local emergency agencies handle a contaminated person from this facility?

☒ YES ☐ NO

This information was obtained from Scott Loven and from the facility Emergency Response Manual.

5. Notes/Observations:

**DOCUMENTATION:** *HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?*

Activity #: N/A Facility Status: ☐ SQG ☒ LQG ☐ I.S./P 

## C. CONTINGENCY PLAN

(SQG - N/A, LQG's-262.34(d)(4) referencing 265 Subpart D, I.S.-265 only)

1. Location of contingency plan: Health, Safety & Environmental Quality office

2. Person responsible for contingency plan: Scott Loven

| # | √/x | REGULATORY REQUIREMENTS* | COMMENTS |
|---|---|---|---|
| 3. | ✓ | Has contingency plan-265.51(a) | |
| 4. | ✓ | Contingency plan maintained on-site-265.53(a) | |
| 5. | ✓ | Plan submitted to emergency response agencies-265.53(a) | |
| 6. | ✓ | Description of actions needed to respond to fires, explosions, or releases of hazardous waste-265.52(a) | |
| 7. | ✓ | Description of arrangements with local emergency agencies, as appropriate-265.52(c) | |
| 8. | ✓ | List names, addresses & phone numbers (both home and office) of emergency coordinators & designate primary EC-265.52(d) | |
| 9. | ✓ | List & describe emergency equipment, its location and its capabilities, as required-265.52(e) | |
| 10. | ✓ | Include complete evacuation plan, if required-265.52(f) | |
| 11. | ✓ | Emergency coordinator must be thoroughly familiar will all aspects of facility-265.55 | |

√-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirements

12. Notes/Observations:

The facility maintains an Emergency Response Manual which discusses actions to take for all emergencies, not only those with hazardous waste. Due to the size of this manual, a copy was not obtained during the inspection.

DOCUMENTATION: *HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?*

Activity #: N/A  Facility Status: ☐ SQG ☐ LQG ☐ I.S./P  Page 17 of 28

## D. PERSONNEL TRAINING

(SQG - N/A, LQG's-262.34(a)(4) referencing 265.16, I.S.-265.16 only)

1. Location of personnel training records: SL office (Scott Loven)
2. Person responsible for personnel training records: SL (Scott Loven)
3. Person responsible for conducting the personnel training: Scott Loven

| # | √/x | REGULATORY REQUIREMENTS* | COMMENTS |
|---|---|---|---|
| 4. | ✓ | Program director trained in hazardous waste management procedures-265.16(a)(2) | - Information on job title and descriptions was faxed to the inspector following the inspection. The inspector received the information on 7/30/98. AMG |
| 5. | ✓ | Employees do not work unsupervised without completing training & are trained within 6 mo. of initial hiring-265.16(b) | |
| 6. | X | Job title & name of person filling position specified-265.16(d)(1) | |
| 7. | X | Written job description including: skills, education, qualification, and duties-262.16(d)(2) | |
| 8. | ✓ X no | Written description of type and amount of introductory & continuing training provided-265.16(d)(3) | |
| 9. | ✓ | Training covers: response to emergencies, implementation of contingency plan, use of alarms, waste feed cut-offs & other emergency equipment, as required-265.16(a)(3) | |
| 10. | ✓ | Documentation confirming training has been completed-265.16(d)(4) | |
| 11. | ✓ | Records maintained on-site & for 3 years-265.16(d) & (e) respectively | - Records are kept on-site. However, only the records for 1998 were available at the time of inspection. |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirements

12. Notes/Observations: I did not review 3 years of training records, as they were not available. Mr. Loven informed me they are kept on-site with personnel files.

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?

# E. WASTE ANALYSIS/WASTE DETERMINATION AND LAND DISPOSAL RESTRICTIONS

1. Location of waste analysis/waste determination records: Health, Safety & Environmental Quality office

2. Person responsible for waste analysis/waste determination: Scott Loven

| # | √/x | REGULATORY REQUIREMENTS | COMMENTS |
|---|---|---|---|
| 3. | ✓ | Determines if waste is a hazardous waste-262.11 | → Waste analysis data available is from WRR Environmental Services, Co., Inc. the facility that takes the waste for disposal. WRR had analysis done prior to accepting the waste. Industrial Laminates did not have analysis done. Facility used codes from manifests for biennial waste reporting to EPA. |
| 4. | ✓ | Determines if waste is restricted from land disposal-262.11(d)-268.7(a) | |
| 5. | N/A | Generators waste analysis plan on-site for treatment in tanks/containers to meet LDR treatment standards-262.34(a)(4) [LQG] or 262.34(d)(4) [SQG] - 268.7(a)(4) | |
| 6. | ✓ | Impermissible dilution of waste to meet LDR standards is not occurring-268.11(d)-268.3(a) & (b) | |
| | | ADDITIONAL I.S./PERMIT* REQUIREMENTS | |
| 7. | N/A | Obtains complete analysis before treatment, storage, or disposal-265.13(a) | |
| 8. | N/A | Has method to inspect, track, and analyze all off-site generated waste for consistency with manifest descriptions-265.13(c) | |
| 9. | N/A | Facility has written plan on-site which specifies: parameters, rational, test methods, sampling methods, frequency, waste analysis information from generator, list of applicable waste analysis methods to meet additional waste management requirements including LDR-265.13(b) | |

√-in compliance X-not in compliance N/A-not applicable * - please note applicable permit standards

10. Notes/Observations: _____

DOCUMENTATION: *HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?*

VISUAL REVIEW WORKSHEET AND CHECKLIST

# A. CONTAINER STORAGE AREA

(Complete one form per storage area)

1. Name and location of area: Still Room 90-Day Storage Area
2. Person responsible for area: Scott Loven
3. Type of storage area: ☒ < 90 day ☐ < 180 day ☐ < 270 day ☐ I.S. ☐ Permit
4. I.S. capacity: N/A  Permited capacity: N/A

| # | √/x | REGULATORY REQUIREMENTS* | COMMENTS |
|---|---|---|---|
| 5. | X | Date of accumulation marked-262.34(a)(2) | Dates on drums (2 drums) incomplete. Day and month indicated but not year. |
| 6. | ✓ | Containers marked as "Hazardous Waste"- | |
| 7. | ✓ | Containers in good condition-262.34-265.171 | |
| 8. | ✓ | Containers are compatible with waste-262.34-265.172 | |
| 9. | ✓ | Containers kept closed-262.34-265.173(a) | |
| 10. | ✓ | Containers opened, handled, & stored in a manner not to cause them to leak-262.34-265.173(a) | |
| 11. | ✓ | Containers storing incompatible separated or protected form each other-262.34-265.177 | |
| 12. | ✓ | Containers stored >50 feet from property line [LQG's, I.S. & Permit, only]-262.34-265.176 | |
| 13. | ✓ | Adequate aisle space for type of container management and emergency equipment used-265.35 | |
| 14. | ✓ | Containers stored for less than 90/180/270 days, as applicable-262.34 | |
| 15. | ✓ | Facility inspected weekly-265.174 | Facility documents inspections once a month but representative stated inspection was conducted weekly. |
| | | ADDITIONAL I.S. REQUIREMENTS* | |
| 16. | N/A | Security: controlled entry, 24-hr. surveillance, or barrier-265.14(b) | |
| 17. | N/A | "Danger Unauthorized Personnel Keep Out," signs posted-265.14(c) | |
| 18. | N/A | "No Smoking" signs conspicuously posted-265.17(a) | |
| 19. | N/A | Containers/Tanks clearly marked identifying their contents & with storage start date-268.50(a)(2) | |
| 20. | N/A | LDR wastes not stored over 1 yr. without adequate justification-268.50(c) | |
| 21. | N/A | Daily inspections loading.unloading areas (when in use)-265.15(a)(4) | |
| | | PRE-TRANSPORT REQUIREMENTS* | |
| 22. | N/A | Waste packaged, labeled, marked, per DOT-262.30, 262.31, 262.32, respectively | Inspector did not observe any waste ready for shipment. |
| 23. | N/A | Placards available for use by transporters-262.33 | |

√-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

| # | √/x | REGULATORY REQUIREMENTS* | COMMENTS |
|---|---|---|---|
| 24. | ✓ | Device available capable of summoning emergency assistance-265.34 | Spill kit kept in a bolted salvage drum outside the storage area. |
| 25. | ✓ | Adequate supply and proper spill control, decontamination and safety equipment (fire blankets; respirators; absorbent; etc.)-265.32 | |
| 26. | ✓ | Adequate water supply for fire control equipment-265.32(d) | |
| 27. | ✓ | Communication and emergency equipment tested and maintained-265.33 | |
| 28. | ✓ | Facility operated and maintained to minimize possibility of emergency-265.31 | |
| 29. | ✓ | Emergency coordinator's name and phone number, fire departments phone number, and the location of fire extinguishers and spill control equipment posted near phone (SQG only)-262.34(d) | |

√-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

30. Container inventory: ☐ Actual count ☐ Approximate count

| Waste Type | Container Size | | | | Total |
|---|---|---|---|---|---|
| ~~Cleaning~~ Phenolic wash | 4 x 55 gal. | N/A x 30 gal. | | | 220gal. |
| Phenolic scrap | 1 x 55 gal. | N/A x 30 gal. | | | 55gal. |
| Epoxy (resin) scrap | 1 x 55 gal. | N/A x 30 gal. | | | 55gal. |
| | ___ x 55 gal. | ___ x 30 gal. | | | |
| | ___ x 55 gal. | ___ x 30 gal. | | | |
| | ___ x 55 gal. | ___ x 30 gal. | | | |
| | ___ x 55 gal. | ___ x 30 gal. | | | |

Total Quantity (pounds, gallons, etc.): 330gallon

31. Total number of containers inspected: 6

32. How were container volumes verified? Attempted to move each drum and tapped sides to listen for changes in tone.

33. Photos taken to verify observations: ☒ YES ☐ NO Numbers: 1

34. Container management area location noted on map or diagram: ☒ YES ☐ NO

35. Notes Observations:

DOCUMENTATION: *HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen?* and *WHAT PROOF WAS OBTAINED?*

VISUAL REVIEW WORKSHEET AND CHECKLIST

# A. CONTAINER STORAGE AREA

(Complete one form per storage area)

1. Name and location of area: Outside 90-day Storage Shed
2. Person responsible for area: Scott Loven
3. Type of storage area: ☒ < 90 day ☐ < 180 day ☐ < 270 day ☐ I.S. ☐ Permit
4. I.S. capacity: N/A Permited capacity: N/A

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|---|---|---|---|
| 5. | X | Date of accumulation marked-262.34(a)(2) | Some dates were incomplete, with only month and day but no year indicated. |
| 6. | ✓ | Containers marked as "Hazardous Waste"- | |
| 7. | ✓ | Containers in good condition-262.34-265.171 | |
| 8. | ✓ | Containers are compatible with waste-262.34-265.172 | |
| 9. | ✓ | Containers kept closed-262.34-265.173(a) | |
| 10. | ✓ | Containers opened, handled, & stored in a manner not to cause them to leak-262.34-265.173(a) | |
| 11. | N/A | Containers storing incompatible separated or protected form each other-262.34-265.177 | No incompatible wastes stored in this area. |
| 12. | ✓ | Containers stored >50 feet from property line (LQG's, I.S. & Permit, only)-262.34-265.176 | |
| 13. | ✓ | Adequate aisle space for type of container management and emergency equipment used-265.35 | |
| 14. | ✓ | Containers stored for less than (90)/180/270 days, as applicable-262.34 | |
| 15. | ✓ | Facility inspected weekly-265.174 | Inspected weekly, but facility representative stated inspections are documented only monthly. |
| | | ADDITIONAL I.S. REQUIREMENTS* | |
| 16. | N/A | Security: controlled entry, 24-hr. surveillance, or barrier-265.14(b) | |
| 17. | N/A | "Danger Unauthorized Personnel Keep Out," signs posted-265.14(c) | |
| 18. | N/A | "No Smoking" signs conspicuously posted-265.17(a) | |
| 19. | N/A | Containers/Tanks clearly marked identifying their contents & with storage start date-268.50(a)(2) | |
| 20. | N/A | LDR wastes not stored over 1 yr. without adequate justification-268.50(c) | |
| 21. | N/A | Daily inspections loading.unloading areas (when in use)-265.15(a)(4) | |
| | | PRE-TRANSPORT REQUIREMENTS* | |
| 22. | N/A | Waste packaged, labeled, marked, per DOT-262.30, 262.31, 262.32, respectively | Did not observe any wastes being prepared for transport. |
| 23. | N/A | Placards available for use by transporters-262.33 | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

Activity #: N/A Facility Status: ☐ SQG ☒ LQG ☐ I.S./P 

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|---|---|---|---|
| 24. | ✓ | Device available capable of summoning emergency assistance-265.34 | |
| 25. | ✓ | Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-265.32 | |
| 26. | ✓ | Adequate water supply for fire control equipment-265.32(d) | |
| 27. | ✓ | Communication and emergency equipment tested and maintained-265.33 | |
| 28. | ✓ | Facility operated and maintained to minimize possibility of emergency-265.31 | |
| 29. | N/A | Emergency coordinator's name and phone number, fire departments phone number, and the location of fire extinguishers and spill control equipment posted near phone (SQG only)-262.34(d) | Facility is an LQG. |

/-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

30. Container inventory: ☐ Actual count ☒ Approximate count

| Waste Type | Container Size | | | | Total |
|---|---|---|---|---|---|
| Solvent contaminated groundwater | 30 | x 55 gal. | N/A | x 30 gal. | 1650gal. |
| | | x 55 gal. | | x 30 gal. | |
| | | x 55 gal. | | x 30 gal. | |
| | | x 55 gal. | | x 30 gal. | |
| | | x 55 gal. | | x 30 gal. | |
| | | x 55 gal. | | x 30 gal. | |
| | | x 55 gal. | | x 30 gal. | |

Total Quantity (pounds, gallons, etc.): 1650gallons

31. Total number of containers inspected: ≈30

32. How were container volumes verified? By tapping sides and asking questions of Scott Loven.

33. Photos taken to verify observations: ☒ YES ☐ NO Numbers: 8

34. Container management area location noted on map or diagram: ☒ YES ☐ NO

35. Notes Observations:

DOCUMENTATION: *HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?*

VISUAL REVIEW WORKSHEET AND CHECKLIST

# A. CONTAINER STORAGE AREA

(Complete one form per storage area)

1. Name and location of area: Treater Area 90-Day Storage
2. Person responsible for area: Scott Loven
3. Type of storage area: ☒ < 90 day ☐ < 180 day ☐ < 270 day ☐ I.S. ☐ Permit
4. I.S. capacity: N/A Permited capacity: N/A

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|---|---|---|---|
| 5. | ✓ | Date of accumulation marked-262.34(a)(2) | |
| 6. | ✓ | Containers marked as "Hazardous Waste"- | |
| 7. | ✓ | Containers in good condition-262.34-265.171 | |
| 8. | ✓ | Containers are compatible with waste-262.34-265.172 | |
| 9. | X | Containers kept closed-262.34-265.173(a) | One drum with the small bung open. Waste was not being added or removed at the time. |
| 10. | ✓ | Containers opened, handled, & stored in a manner not to cause them to leak-262.34-265.173(a) | |
| 11. | ✓ | Containers storing incompatible separated or protected form each other-262.34-265.177 | |
| 12. | ✓ | Containers stored >50 feet from property line [LQG's, I.S. & Permit, only]-262.34-265.176 | |
| 13. | ✓ | Adequate aisle space for type of container management and emergency equipment used-265.35 | |
| 14. | ✓ | Containers stored for less than (90)/180/270 days, as applicable-262.34 | |
| 15. | ✓ | Facility inspected weekly-265.174 | Inspected weekly, documented monthly. |
| | | ADDITIONAL I.S. REQUIREMENTS* | |
| 16. | N/A | Security: controlled entry, 24-hr. surveillance, or barrier-265.14(b) | |
| 17. | N/A | "Danger Unauthorized Personnel Keep Out," signs posted-265.14(c) | |
| 18. | N/A | "No Smoking" signs conspicuously posted-265.17(a) | |
| 19. | N/A | Containers/Tanks clearly marked identifying their contents & with storage start date-268.50(a)(2) | |
| 20. | N/A | LDR wastes not stored over 1 yr. without adequate justification-268.50(c) | |
| 21. | N/A | Daily inspections loading.unloading areas (when in use)-265.15(a)(4) | |
| | | PRE-TRANSPORT REQUIREMENTS* | |
| 22. | N/A | Waste packaged, labeled, marked, per DOT-262.30, 262.31, 262.32, respectively | Did not observe any materials being prepared for transport. |
| 23. | N/A | Placards available for use by transporters-262.33 | |

✓-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

Activity #: N/A Facility Status: ☐ SQG ☒ LQG ☐ I.S./P 

| # | //x | REGULATORY REQUIREMENTS* | COMMENTS |
|---|---|---|---|
| 24. | ✓ | Device available capable of summoning emergency assistance-265.34 | |
| 25. | ✓ | Adequate supply and proper spill control, decontamination and safety equipment (fire blankets, respirators, absorbent, etc.)-265.32 | |
| 26. | ✓ | Adequate water supply for fire control equipment-265.32(d) | |
| 27. | ✓ | Communication and emergency equipment tested and maintained-265.33 | |
| 28. | ✓ | Facility operated and maintained to minimize possibility of emergency-265.31 | |
| 29. | N/A | Emergency coordinator's name and phone number, fire departments phone number, and the location of fire extinguishers and spill control equipment posted near phone (SQG only)-262.34(d) | |

/-in compliance X-not in compliance N/A-not applicable * - please note applicable permit requirement

30. Container inventory: ☒ Actual count ☐ Approximate count

| Waste Type | Container Size | | Total |
|---|---|---|---|
| Phenolic Wash | 1 x 55 gal. | N/A x 30 gal. | 55 gal. |
| Phenolic Scrap | 1 x 55 gal. | N/A x 30 gal. | 55 gal |
| Waste rags | 1 x 55 gal. | N/A x 30 gal. | 55 gal. |
| | ___ x 55 gal. | ___ x 30 gal. | ___ |
| | ___ x 55 gal. | ___ x 30 gal. | ___ |
| | ___ x 55 gal. | ___ x 30 gal. | ___ |
| | ___ x 55 gal. | ___ x 30 gal. | ___ |

Total Quantity (pounds, gallons, etc.): 165 gallons

31. Total number of containers inspected: 3

32. How were container volumes verified? Asking questions of facility representative

33. Photos taken to verify observations: ☒ YES ☐ NO Numbers: 3 and 4

34. Container management area location noted on map or diagram: ☒ YES ☐ NO

35. Notes Observations: Total quantity above represents total capacity of 3 drums present at time of inspection.

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: N/A  Facility Status: ☐ SQG ☒ LQG ☐ I.S./?  

## B. SATELLITE ACCUMULATION AREA(S)

1. Total number of satellite areas at facility: 4
2. Person who has overall responsibility for satellite waste management: Scott Loven
3. Please note your observations and findings below:

| # | REGULATORY REQUIREMENTS | SA1 | SA2 | SA3 | SA4 | SA5 | SA6 | SA7 | SA8 | SA9 | SA10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4. | Area at or near the point of generation-262.34(c)(1) | ✓ | ✓ | ✓ | ✓ | | | | | | |
| 5. | Area under the direct control of operator-262.34(c)(1) | ✓ | ✓ | ✓ | ✓ | | | | | | |
| 6. | Quantities accumulated do not exceed 55-gallons or 1 quart (acute) -262.34(c)(1) | ✓ | ✓ | X | ✓ | | | | | | |
| 7. | Excess accumulation removed within 3 days-262.34(c)(2) | ✓ | ✓ | ✓ | ✓ | | | N/A | X | | |
| 8. | Containers marked identifying their contents-262.34(c)(1) | ✓ | ✓ | ✓ | ✓ | | | | | | |
| 9. | Containers in good condition-262.34(c)(1) | ✓ | ✓ | ✓ | ✓ | | | | | | |
| 10. | Containers are compatible with waste-262.34(c)(1) | ✓ | ✓ | ✓ | ✓ | | | | | | |
| 11. | Containers kept closed-262.34(c)(1) | ✓ | X | X | X | | | | | | |

✓-in compliance X-not in compliance N/A-not applicable

Satellite Area - SA1:

Name/Location of area: Still Room Satellite Accumulation Area

Person responsible for area: Scott Loven, HSEQ Manager

Type(s) of waste accumulated: Clean-up rags from distillation process

Number and Type of containers: 1, 55-gallon steel drum.

How were container volumes verified? Attempting to move the drum; estimated volume.

Photos taken? ☒ YES ☐ No Photo numbers: 2

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations:

**DOCUMENTATION:** *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW long did it happen?* and *WHAT PROOF WAS OBTAINED?*

Activity #: N/A Facility Status: ☐ SQG ☒ LQG ☐ I.S./P 

Satellite Area - SA2:

Name/Location of area: Epoxy Wash SAA / Treater 1, Wet End

Person responsible for area: Scott Loven

Type(s) of waste accumulated: Liquid epoxy wash waste

Number and Type of containers: 1, 55-gallon steel drum

How were container volumes verified? Asked facility rep for estimated volume.

Photos taken? ☐ YES ☒ No Photo numbers: 5 and 6 MG

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations:

Satellite Area - SA3:

Name/Location of area: Phenolic Scrap SAA / Lower Compound Room

Person responsible for area: Scott Loven

Type(s) of waste accumulated: Liquid phenolic resin waste; also melamine and water waste

Number and Type of containers: 2, 55-gallon steel drums

How were container volumes verified? Attempted to move the drums.

Photos taken? ☒ YES ☐ No Photo numbers: 5 and 6

Area noted on map or diagram: ☒ Yes ☐ NO

Notes/Observations: Drum of melamine and water waste was not marked hazardous waste. However, Scott Loven stated the waste was hazardous. The drum was dated 7/28/98 the date of the inspection. The drum was full. The small bung on the phenolic scrap drum was open.

Satellite Area - SA4:

Name/Location of area: Phenolic wash SAA / Upper Compound Room

Person responsible for area: Scott Loven

Type(s) of waste accumulated: Liquid phenolic resin waste

Number and Type of containers: 1, 55-gallon steel drum

How were container volumes verified? Attempted to move drum.

Photos taken? ☐ YES ☒ No Photo numbers:

Area noted on map or diagram: ☐ Yes ☒ NO

Notes/Observations: Drum was dated 6/29/98. However, drum was not full and facility representative stated the date was an accumulation start date and not a full date. The small bung on the drum was open.

DOCUMENTATION: HOW are the facts known? WHO said what? WHEN did it happen? HOW long did it happen? and WHAT PROOF WAS OBTAINED?

Activity #: N/A  Facility Status: ☐ SQG ☐ LQG ☐ I.S./P

## EXIT BRIEFING WORKSHEET

1. Initial procedures:

☒ Reviewed all data collection worksheets, checklists, field notes, and collected documents to ensure that all necessary information has been collected and documented. This review included the following:

- Documentation of the location of the violation, the type and amount of waste involved, the duration or time frame of the violation, the specific dates when the violation first started occurring, and the number of times or frequency that the same violation was found at the facility.

- Documentation regarding illegal waste management units, including: information about the units location (diagram/picture), its dimensions, its conditions, the construction material, the gradient of the base (for spills), and all other relevant information.

- Documentation regarding illegal disposal situations, including: information about each occurrence, eg. where the waste was sent or disposed of, how it was shipped, who shipped it, when it was shipped or disposed of, how much was shipped or disposed of, how the waste was managed at the disposal site (land disposed, burned, etc.).

☒ Identified/verified violations from previous inspection were corrected (if applicable)

Note additional information needed and/or questions for facility representative(s):
Need copy of job titles and descriptions for those handling hazardous waste.
Need copy of most recent notification. The facility representative did not have this available.

☐ Prepared Notice of Violation (NOV) form, if applicable

☒ Prepared Document Receipt form

☐ Pollution Prevention Checklist completed

☐ Multi-Media screening completed, media(s): _____

2. Exit Briefing:

☒ Addressed all unresolved inspection related issues

☒ Provided facility with Document Receipt

N/A ☐ Provided facility with Page 3 of CBI form (only if facility makes a CBI claim)

☒ Explained that the findings and observations resulting from the inspection were based on your current knowledge of RCRA and that the final findings may differ

☒ Explained that the compliance officer will make the final compliance decisions regarding the findings and observations of the inspection and that all compliance related questions should be directed toward them

☒ Explained that any recommendations provided during the inspection are for informational purposes only and *DO NOT* require specific actions by the facility

☒ Summarized the findings and observations for the facility representatives

Notes _____

Activity #: N/A Facility Status: ☐ SQG ☒ LQG ☐ I.S./P 

3. Notice of Violation prepared and issued? ☐ YES ☒ NO (If yes complete below)

☐ All violations were clearly identified and explained, including: the circumstances, location, and the applicable regulations

☐ Explained the importance of a timely and adequate response

4. Specific information requested from facility? ☐ YES ☒ NO
(Note: Request all information in writing and copy)

List information to be submitted to EPA:

5. Actions facility representatives said they would take as a result of the inspection: ☐ YES ☐ NO
(Note who made these statements)

N/A

6. Facility appears to have awareness of RCRA regulations and/or has its own environmental staff? ☒ YES ☐ NO

7. Facility appears to have little to no knowledge of RCRA? ☐ YES ☒ NO

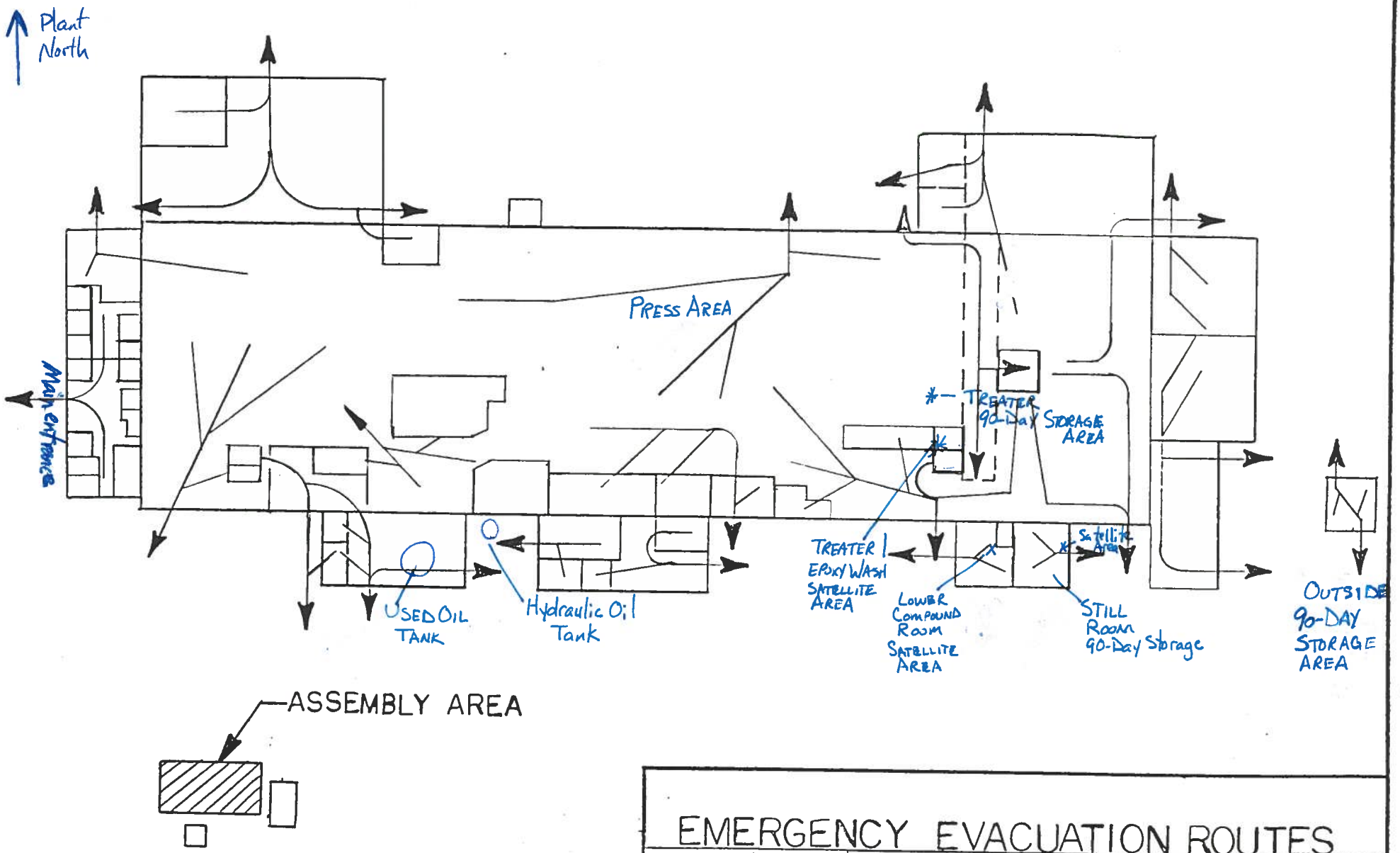
8. Facility has copy of applicable regulations? ☒ YES ☐ NO

9. Note attitude and demeanor of facility representative(s) if applicable: ☒ N/A

DOCUMENTATION: *HOW* are the facts known? *WHO* said what? *WHEN* did it happen? *HOW* long did it happen? and *WHAT PROOF WAS OBTAINED?*

**ATTACHMENT 4**

**FACILITY MAP/EVACUATION ROUTES**
**(1 page)**




# EMERGENCY EVACUATION ROUTES

| | | |
|---|---|---|
| SCALE: N/A | APPROVED BY: | DRAWN BY MZ |
| DATE: 4-10-92 | | REVISED |
| | | DRAWING NUMBER |

**ATTACHMENT 5**

**PHOTOGRAPHS**
**(9 photos)**

**INDUSTRIAL LAMINATES/NORPLEX**
**Postville, Iowa**


**Photo No.:** 1 **Photographer:** Ann Galbraith
**Date/Time:** 07/28/98, 1536 **Description:** This photograph shows the Still Room 90-day storage area with drums of waste and the still and a product tank in the background.


**Photo No.:** 2 **Photographer:** Ann Galbraith
**Date/Time:** 07/28/98,1536 **Description:** This photograph shows a label on a satellite accumulation area (SAA) drum in the Still Room SAA that is dated 5-8-98. The drum is not full.

**INDUSTRIAL LAMINATES/NORPLEX**
**Postville, Iowa**


**Photo No.:** 3 **Photographer:** Ann Galbraith
**Date/Time:** 07/28/98,1540 **Description:** This photograph shows a 90-day storage area, identified as the Treater 90-Day storage area, adjacent to a treater unit.

**Photo No.:** 4 **Photographer:** Ann Galbraith
**Date/Time:** 07/28/98,1541 **Description:** This photograph shows a closeup of the top of a drum in the Treater 90-day storage area. The small bung on top of the drum is open.

**INDUSTRIAL LAMINATES/NORPLEX**
**Postville, Iowa**

**Photo No.:** 5 **Photographer:** Ann Galbraith
**Date/Time:** 07/28/98,1542 **Description:** This photograph shows the Lower Compound Room SAA. There are two drums in the SAA. The Melamine Water drum is dated 07/28/98, the date of the inspection.

**Photo No.:** 6 **Photographer:** Ann Galbraith
**Date/Time:** 07/28/98,1543 **Description:** This photo shows a closeup view of the open bung on top of a drum in the Lower Compound Room SAA.

**INDUSTRIAL LAMINATES/NORPLEX**
**Postville, Iowa**

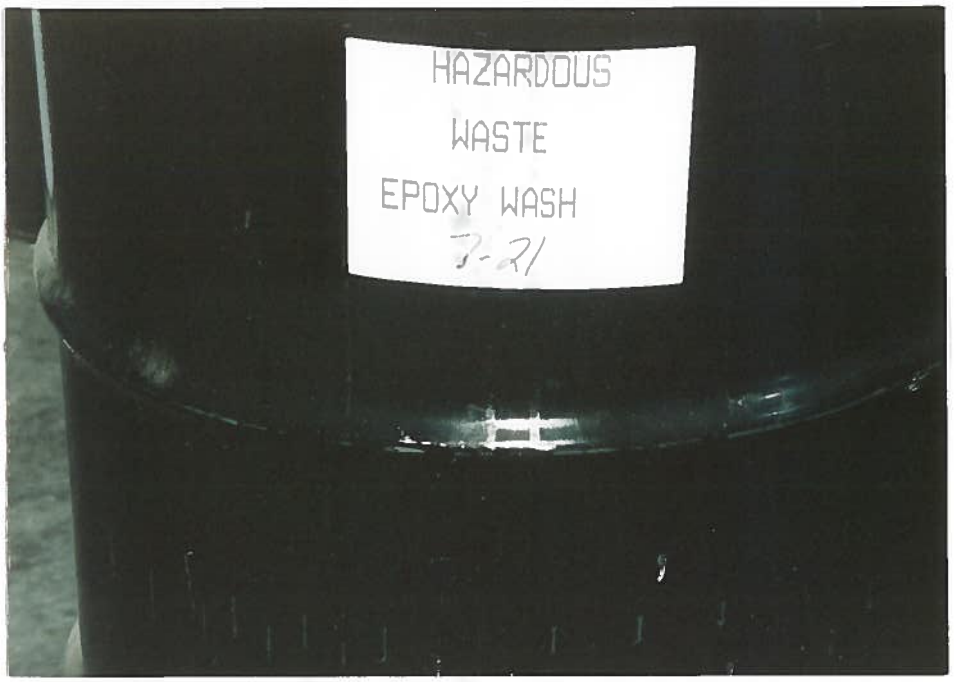



**Photo No.:** 7 **Photographer:** Ann Galbraith
**Date/Time:** 07/28/98, 1545 **Description:** This photo shows an epoxy wash waste drum in the Still Room 90-day storage area prior to distillation. The drum is full and the date on the drum is incomplete.

**Photo No.:** 8 **Photographer:** Ann Galbraith
**Date/Time:** 07/28/98, 1547 **Description:** This photo shows the drums of well water waste in the Outside 90-day storage area behind the main building of the facility. The dates on the drums are incomplete (month and day only, no year).

**INDUSTRIAL LAMINATES/NORPLEX**
**Postville, Iowa**

**Photo No.:** 9 **Photographer:** Ann Galbraith
**Date/Time:** 07/28/98, 1646 **Description:** Photo indicating the front of the Industrial Laminates/Norplex facility. The photo is taken from the parking lot adjacent to Lybrand Street.

**ATTACHMENT 6**

**INSPECTION LOG**
**(4 pages)**

## HAZARDOUS WASTE STORAGE AREA INSPECTION

AREA:

| ITEM | RESULTS | | CORRECTIVE ACTIONS | |
|---|---|---|---|---|
| | Adequate or yes | Inadequate or no | Needed | Date Accomplished |
| **AREA** | | | | |
| Hazard Sign | ✓ | | | |
| Access | ✓ | | | |
| Aisle Space | ✓ | | | |
| Housekeeping | ✓ | | | |
| Spilling | | ✓ | | |
| **DRUMS** | | | | |
| Leakage or Spillage | | ✓ | | |
| Grounded (if flammable) | ✓ | | | |
| Date (if drum in 90 day) | ✓ | | | |
| Damage | | ✓ | | |
| Tops Secured | ✓ | | | |
| Labels | ✓ | | | |
| **TANKS** | | | | |
| Leakage or Spillage | | ✓ | | |
| Hazard Signs | ✓ | | | |
| Piping Condition | ✓ | | | |
| Valves Condition | ✓ | | | |
| Tank Condition | ✓ | | | |
| Tank Supports | ✓ | | | |
| **SECONDARY CONTAINMENT** | | | | |
| Surface Deterioration | | ✓ | | |
| Cracking | | ✓ | | |
| Leakage | | ✓ | | |
| Water Accumulation | | ✓ | | |
| **SPILL KITS** | | | | |
| Complete Inventory | ✓ | | | |
| **DUST COLLECTOR** | | | | |
| Dust on ground | | ✓ | | |
| **ROOF** | | | | |
| Particulates on roof | | ✓ | | |
| **EMPTY BARRELS** | | | | |
| Surface Deterioration | | ✓ | | |
| Cracking | | ✓ | | |
| Leakage | | ✓ | | |

** CHECKS IN SHADED AREAS REQUIRE CORRECTIVE ACTION**

Additional Comments:

*Signature of Inspector* Scott Rowen Date: 7-2-98

*Signature of Supervisor* _____ *Date:* _____

## HAZARDOUS WASTE STORAGE AREA INSPECTION

AREA:

| ITEM | RESULTS | | CORRECTIVE ACTIONS | |
|---|---|---|---|---|
| | Adequate or yes | Inadequate or no | Needed | Date Accomplished |
| **AREA** | | | | |
| Hazard Sign | ✓ | | | |
| Access | ✓ | | | |
| Aisle Space | ✓ | | | |
| Housekeeping | ✓ | | | |
| Spilling | | ✓ | | |
| **DRUMS** | | | | |
| Leakage or Spillage | | ✓ | | |
| Grounded (if flammable) | ✓ | | | |
| Date (if drum in 90 day) | ✓ | | | |
| Damage | | ✓ | | |
| Tops Secured | ✓ | | | |
| Labels | ✓ | | | |
| **TANKS** | | | | |
| Leakage or Spillage | | ✓ | | |
| Hazard Signs | ✓ | | | |
| Piping Condition | ✓ | | | |
| Valves Condition | ✓ | | | |
| Tank Condition | ✓ | | | |
| Tank Supports | ✓ | | | |
| **SECONDARY CONTAINMENT** | | | | |
| Surface Deterioration | | ✓ | | |
| Cracking | | ✓ | | |
| Leakage | | ✓ | | |
| Water Accumulation | | ✓ | | |
| **SPILL KITS** | | | | |
| Complete Inventory | ✓ | | | |
| **DUST COLLECTOR** | | | | |
| Dust on ground | | ✓ | | |
| **ROOF** | | | | |
| Particulates on roof | | ✓ | | |
| **EMPTY BARRELS** | | | | |
| Surface Deterioration | | ✓ | | |
| Cracking | | ✓ | | |
| Leakage | | ✓ | | |

** CHECKS IN SHADED AREAS REQUIRE CORRECTIVE ACTION**

---

Additional Comments:

*Signature of Inspector* [signature] Date: 6/5/18

*Signature of Supervisor* _____ *Date:* _____

## HAZARDOUS WASTE STORAGE AREA INSPECTION

AREA:

| ITEM | RESULTS | | CORRECTIVE ACTIONS | |
|---|---|---|---|---|
| | Adequate or yes | Inadequate or no | Needed | Date Accomplished |
| **AREA** | | | | |
| Hazard Sign | ✓ | | | |
| Access | ✓ | | | |
| Aisle Space | ✓ | | | |
| Housekeeping | ✓ | | | |
| Spilling | | ✓ | | |
| **DRUMS** | | | | |
| Leakage or Spillage | | ✓ | | |
| Grounded (if flammable) | ✓ | | | |
| Date (if drum in 90 day) | ✓ | | | |
| Damage | | ✓ | | |
| Tops Secured | ✓ | | | |
| Labels | ✓ | | | |
| **TANKS** | | | | |
| Leakage or Spillage | | ✓ | | |
| Hazard Signs | ✓ | | | |
| Piping Condition | ✓ | | | |
| Valves Condition | ✓ | | | |
| Tank Condition | ✓ | | | |
| Tank Supports | ✓ | | | |
| **SECONDARY CONTAINMENT** | | | | |
| Surface Deterioration | | ✓ | | |
| Cracking | | ✓ | | |
| Leakage | | ✓ | | |
| Water Accumulation | | ✓ | | |
| **SPILL KITS** | | | | |
| Complete Inventory | ✓ | | | |
| **DUST COLLECTOR** | | | | |
| Dust on ground | | ✓ | | |
| **ROOF** | | | | |
| Particulates on roof | | ✓ | | |
| **EMPTY BARRELS** | | | | |
| Surface Deterioration | | ✓ | | |
| Cracking | | ✓ | | |
| Leakage | | ✓ | | |

** CHECKS IN SHADED AREAS REQUIRE CORRECTIVE ACTION**

---

Additional Comments:

*Signature of Inspector* _____ Date: 5/1/98

*Signature of Supervisor* _____ *Date:* _____

## HAZARDOUS WASTE STORAGE AREA INSPECTION

AREA:

| ITEM | RESULTS | | CORRECTIVE ACTIONS | |
|---|---|---|---|---|
| | Adequate or yes | Inadequate or no | Needed | Date Accomplished |
| **AREA** | | | | |
| Hazard Sign | | | | |
| Access | | | | |
| Aisle Space | | | | |
| Housekeeping | | | | |
| Spilling | | | | |
| **DRUMS** | | | | |
| Leakage or Spillage | | | | |
| Grounded (if flammable) | | | | |
| Date (if drum in 90 day) | | | | |
| Damage | | | | |
| Tops Secured | | | | |
| Labels | | | | |
| **TANKS** | | | | |
| Leakage or Spillage | | | | |
| Hazard Signs | | | | |
| Piping Condition | | | | |
| Valves Condition | | | | |
| Tank Condition | | | | |
| Tank Supports | | | | |
| **SECONDARY CONTAINMENT** | | | | |
| Surface Deterioration | | | | |
| Cracking | | | | |
| Leakage | | | | |
| Water Accumulation | | | | |
| **SPILL KITS** | | | | |
| Complete Inventory | | | | |
| **DUST COLLECTOR** | | | | |
| Dust on ground | | | | |
| **ROOF** | | | | |
| Particulates on roof | | | | |
| **EMPTY BARRELS** | | | | |
| Surface Deterioration | | | | |
| Cracking | | | | |
| Leakage | | | | |

** CHECKS IN SHADED AREAS REQUIRE CORRECTIVE ACTION**

Additional Comments:

*Signature of Inspector* _____ Date: _____

*Signature of Supervisor* Scott D. Rowe Date: 4/24/98

**ATTACHMENT 7**

**MANIFESTS**
**(2 pages)**

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039. 05-22-98

# UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: I A D 0 7 3 4 8 9 2 8 8 | Manifest Document No.: 80520 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
INDUSTRIAL LAMINANTS
665 LYBRAND DR
POSTVILLE IA 52162-0977
4. Generator's Phone ( 319 864-7321

A. State Manifest Document Number:
B. State Generator's ID:

5. Transporter 1 Company Name: TRI STATE MOTOR TRANSIT COMPANY | 6. US EPA ID Number: M O D 0 9 5 0 3 8 9 9 8 | C. State Transporter's ID: | D. Transporter's Phone: (417)624-3131

7. Transporter 2 Company Name: | 8. US EPA ID Number: | E. State Transporter's ID: | F. Transporter's Phone:

9. Designated Facility Name and Site Address
CWM RESOURCE RECOVERY, INC.
4301 INFIRMARY RD., P.O. BOX 453
WEST CARROLLTON OH 45449-0453
10. US EPA ID Number: O H D 0 9 3 9 4 5 2 9 3 | G. State Facility's ID: | H. Facility's Phone: (937)859-6181

GENERATOR

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number) | HM | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|---|
| a. WASTE FLAMMABLE LIQUIDS, N.O.S., 3, UN1993, II, (CONTAINS METHANOL, METHYL ETHYL KETONE), RQ (D001, F003, F005, EPA TOXICITY) | X | 001 | T | 02480 | G | D001 |
| b. | | | | | | |
| c. | | | | | | |
| d. | | | | | | |

J. Additional Descriptions for Materials Listed Above
a. BL3327 D007, D008, F003, F005

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
CHEMTREC Emergency Response Number (800)424-9300

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Scott Lovern | Scott Lovern | 05 21 01 98 |

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Sam Knowles | Sam Knowles | 05 21 01 98 |

18. Transporter 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| | | |

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name | Signature | Month Day Year |
|---|---|---|
| Rob Meyer | | 05 21 1998 |

Style F15 Labelmaster, An American Labelmark Co., Chicago, IL 60646 (800) 621-5808 EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

PRINTED ON RECYCLED PAPER USING SOYBEAN INK. PRINTED WITH SOY INK.

ORIGINAL - RETURN TO GENERATOR

*E INSTRUCTIONS ON REVERSE SIDE OF COPY 6.*

# STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P Rev. 3-97

State of Wisconsin
Department of Natural Resources
Bureau of Solid and Hazardous Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

## ALL COPIES MUST BE LEGIBLE, PLEASE TYPE

signed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-99

**UNIFORM HAZARDOUS WASTE MANIFEST**

| | | | |
|---|---|---|---|
| 1. Generator's US EPA ID No. I A D 0 7 3 4 8 9 2 8 8 | Manifest Document No. 901605 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law. |

3. Generator's Name and Mailing Address
Industrial Laminates/Norplex, 565 Lybrand Street
Scott Loven
Postville IA 52162

Site Location If Different

4. Generator's Phone (319) 864-4227

A. State Manifest Document Number WI J790611

B. State Generator's ID I A D 0 7 3 4 8 9 2 8 8

5. Transporter 1 Company Name
Ashland Chemical Company

6. US EPA ID Number
M N D 0 0 0 6 8 6 7 0 3

C. State Transporter's ID 61602

D. Transporter's Phone (612) 403-5180

7. Transporter 2 Company Name
Tri-State Motor Transit Co., Inc.

8. US EPA ID Number
I O D 0 9 5 0 3 8 9 9 8

E. State Transporter's ID 11031

F. Transporter's Phone 800-234-8768

9. Designated Facility Name and Site Address
WRR Environmental Services Co., Inc.
5200 State Road #93
Eau Claire WI 54701

10. US EPA ID Number
W I D 9 9 0 8 2 9 4 7 5

G. State Facility's ID WID990829475

H. Facility's Phone (715) 834-9624

| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | 12. Containers No. | Type | 13. Total Quantity | 14. Unit Wt/Vol | I. Waste No. |
|---|---|---|---|---|---|
| a. Waste Combustible Liquids, n.o.s. (Acetone\Toluene) Combustible Liquids, NA1993, PGIII | QU1 | DM | 1,744 | P | D001 F003 |
| b. RQ Waste Flammable Solids, organic, n.o.s. (Toluene\ Acetone) 4.1, UN1325, PGII (D001) | QU3 | DM | 8,14 | P | D001 F003 |
| c. RQ Waste Compounds, Cleaning Liquids (Resins\Acetone) 3, NA1993, PGII (D001) | QU2 | DM | 1,7486 | P | D001 F003 |
| d. RQ Waste Flammable Liquids, n.o.s. (Xylene\Toluene) 3, UN1993, PGII (D001) | QU6 | DM | 03068 | P | D001 F003 |

dditional Descriptions for Materials Listed Above
A: 97020050-7WD102 C: 97020052-1FS
B: 97020051-7WD102 D: 97020049-1HF803

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
Generator 24 Hr Emergency Response Number: 1-319-864-7231

a) ERG #128 b) ERG #138 c) ERG #128 d) ERG #128

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;

OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

| Printed/Typed Name & Position Title | Signature | Date (Month Day Year) |
|---|---|---|
| Scott Loven, Mfg. | | 06 01 98 |

17. TRANSPORTER 1 Acknowledgement of Receipt of Materials

| Printed/Typed Name & Position Title | Signature | Date (Month Day Year) |
|---|---|---|
| Driver | | 06 05 98 |

18. TRANSPORTER 2 Acknowledgement of Receipt of Materials

| Printed/Typed Name & Position Title | Signature | Date (Month Day Year) |
|---|---|---|
| KENNETH BARDGE | Kenneth Bardge | 06 09 98 |

19. Discrepancy Indication Space

20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

| Printed/Typed Name & Position Title | Signature | Date (Month Day Year) |
|---|---|---|
| Jim Halvorson Foreman | | 06 09 98 |

A Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:
1 — Generator send to Wis. DNR
2 — Generator retain
3 — Facility send to Wis. DNR
Copies 1 & 3 mail to Wis. DNR at above address.
4 — Facility retain
5 — Facility send to Generator
6 — Transporter retain

ıergency 24 Hour Assistance Telephone Number
Wisconsin (608) 266-3232
tside Wisconsin (800) 424-8802

COPY 5-
FACILITY SEND TO GENERATOR

**ATTACHMENT 8**

**JOB TITLES AND DESCRIPTIONS**
**(6 pages)**

# JOB TITLE: COMPOUNDER

JOB DESCRIPTION: POSITION SUMMARY:

COMPOUNDS RESIN BATCHES AS REQUIRED TO SUPPORT THE TREATING PROCESS AND ASSISTS IN MONITORING THE USAGE AND STORAGE OF CHEMICALS AND ASSOCIATED HAZARDOUS WASTE.

RCRA RESPONSIBILITIES:

THE COMPOUNDER MIXES BATCHES OF HAZARDOUS CHEMICALS FOR PRODUCTION PURPOSES. HE/SHE SUPERVISES THE UNLOADING OF CHEMICALS DELIVERED TO THE WORK SITE. HE/SHE IS RESPONSIBLE FOR LABELING HAZARDOUS WASTE DRUMS, PROPERLY STORING DRUMS, COLLECTING SPENT SOLVENTS FROM THE CLEANING PROCESS, AND RESPONDING TO SPILL EMERGENCIES.

EQUIPMENT OPERATION:

COMPOUNDING EQUIPMENT, PORTABLE SCALES, PORTABLE PUMPS, BARREL TRUCK, LIFT TRUCK, VISCOSITY TESTING EQUIPMENT, COMPUTER TERMINAL, COMPUTER, CALCULATOR, SCRAPER, PIPE WRENCH, CRESCENT WRENCH, UTILITY KNIFE, SCREWDRIVER, ACETONE RECLAMATION UNIT.

**REMARKS: WORKING CONDITIONS - PPE REQUIRED:**

1. MUST MOVE PAILS, BAGS, AND BARRELS OF LIQUID AND POWDERED CHEMICALS FROM THE FLOOR LEVEL TO TOP OF MIXING TANKS WHICH VARY IN HEIGHT FROM APPROXIMATELY TABLE LEVEL TO SEVEN FEET ABOVE THE FLOOR LEVEL.
2. MUST CLIMB STAIRS AND LADDERS WHILE MOVING HAND HELD LOADS WEIGHING APPROXIMATELY 15 POUNDS PER LOAD. HEAVIER LOADS WEIGHING OVER 50 POUNDS REQUIRE MECHANICAL OR HUMAN ASSISTANCE.
3. MUST FREQUENTLY CLIMB LADDERS AND STAIRS TO REACH CATWALKS OVER THE TOP OF MIXING TANKS WHEN CHECKING RESIN
4. WORK IS PERFORMED AT FLOOR LEVEL, TABLE LEVEL, AND SHOULDER LEVEL OR HIGHER DEPENDING ON THE SPECIFIC JOB FUNCTION BEING PERFORMED.
5. FREQUENT BENDING AND SQUATTING REQUIRED DURING SET UP AND CLEAN UP IN THE COMPOUNDING ROOMS.
6. MUST BE ABLE TO WORK AT ALL LEVELS DURING ROUTINE SHIFT.
7. WORKS IN AN ENVIRONMENT WHERE THERE IS FREQUENT EXPOSURE TO CHEMICALS, SOLVENTS, FIBERGLASS CLOTH, PHENOLIC, MELAMINE, AND EPOXY RESINS.
8. WORKS IN AN ENVIRONMENT WHERE FUMES, DUST, AND HEAT ARE FREQUENTLY PRESENT THROUGHOUT THE SHIFT.
9. MUST BE ABLE TO ACTIVATE AUTOMATED MACHINERY THROUGH THE USE OF COMPUTER KEYBOARDS, AND A VARIETY OF CONTROL BUTTONS, SWITCHES, AND VALVES.
10. ***HEARING PROTECTION IS REQUIRED IN DESIGNATED AREAS.***
11. ***SAFETY GLASSES REQUIRED AT ALL TIMES.***
12. ***APPROPRIATE GLOVES REQUIRED AS THE ENVIRONMENT DICTATES.***
13. ***DUE TO THE PRESENCE OF CHEMICALS, IN THE WORKPLACE, MUST BE ABLE TO PASS RESPIRATOR FIT TEST FOR SAFETY. NO INTERFERING FACIAL HAIR ALLOWED.***
14. ***EXPOSURE TO VARIOUS POTENTIALLY HARMFUL CHEMICALS REQUIRING CARE IN HANDLING AND USE.***

**Certificate Of Hazard Assessment**
**Hazard Assessment Performed By:** _____ **Date:** 7/30/98

## JOB TITLE: HS&E MANAGER

JOB DESCRIPTION: POSITION SUMMARY:

HEALTH SAFETY AND ENVIRONMENTAL MANAGER. RESPONSIBLE FOR ALL SAFETY, HEALTH, AND ENVIRONMENTAL TRAINING OF EMPLOYEES. RESPONSIBLE FOR ALL ENVIRONMENTAL PERMITS AND PLANT COMPLIANCE. ADMINISTERS THE COMPANIES WORKMANS COMP PROGRAM. RESPONSIBLE FOR COMPLIANCE WITH ALL GOVERNMENT MANDATED PROGRAMS.

RCRA RESPONSIBILITIES:

RESPONSIBLE FOR ALL ASPECTS OF TRAINING EMPLOYEES WHO MAY BE INVOLVED IN CREATING, STORING, OR HANDLING HAZARDOUS WASTE WHILE WORKING AT THE PLANT. OVER SEE THE PLANTS RCRA COMPLIANCE. OVERSEE THE STORAGE AND SHIPMENT OF ALL HAZARDOUS MATERIALS AT/FROM THE PLANT.

**REMARKS: WORKING CONDITIONS - PPE REQUIRED:**

WHEN IN PLANT PROPER:

1. ***HEARING PROTECTION REQUIRED IN DESIGNATED AREAS.***
2. ***SAFETY GLASSES REQUIRED AT ALL TIMES.***
3. ***APPROPRIATE GLOVES REQUIRED AS ENVIRONMENT DICTATES.***

**Certificate Of Hazard Assessment**
**Hazard Assessment Performed By:** Scott Swan **Date:** 7/30/98

# JOB TITLE: RECEIVING LEAD

JOB DESCRIPTION: POSITION SUMMARY:

RESPONSIBLE FOR RECEIVING DISBURSING AND MAINTAINING ALL RAW MATERIAL AND SUPPLIES IN ASSIGNED LOCATIONS.

RCRA RESPONSIBILITIES:

APPLIES SHIPPING LABELS TO HAZARDOUS WASTE DRUMS, MOVES DRUMS TO 90 DAY STORAGE AREA, LOADS TRUCK FOR HAZARDOUS WASTE SHIPMENTS. ASSISTS HS&E MANAGER IN INSPECTION OF STORED HAZARDOUS WASTE.

EQUIPMENT OPERATION:

FORKLIFT, COMPUTER, COPIER, TELEPHONE, ELECTRIC TYPEWRITER, FAX MACHINE, HAND CART (S), UTILITY KNIFES, AND CAMERA.

**REMARKS: WORKING CONDITIONS - PPE REQUIRED:**

1. MOVES LARGE SKIDS AND OR/ROLLS OF MATERIAL WEIGHING IN EXCESS OF 50 POUNDS OUT OF TRUCKS INTO WAREHOUSE, AND THEN TO FLOOR LEVEL OR HIGHER ON OVERHEAD STORAGE RACKS (MECHANICAL OR HUMAN ASSISTANCE REQUIRED WHEN LOAD EXCEEDS 50 POUNDS).
2. RETRIEVES LARGE SKIDS AND OR ROLLS OF MATERIAL WEIGHING IN EXCESS OF 50 POUNDS, AND MOVE THIS MATERIAL FROM OVERHEAD STORAGE RACKS TO FLOOR LEVEL, THEN TO WORK SITES OF VARYING LEVELS THROUGHOUT THE PLANT (MECHANICAL OR HUMAN ASSISTANCE REQUIRED WHEN LOAD EXCEEDS 50 POUNDS).
3. SITS AT A COMPUTER TERMINAL FOR EXTENDED PERIODS OF TIME WHILE ENTERING DATA FROM WRITTEN DOCUMENTS AND LOGS.
4. COMMUNICATES EXTENSIVELY BY TELEPHONE.
5. EXPOSURE TO HEAT, DUST, FUMES, AND NOISE CONSISTENT WITH A WAREHOUSE/FACTORY ENVIRONMENT.
6. ***EXPOSURE TO CHEMICALS (ACETONE, DMF, AND RESINS) WHEN UNLOADING TRUCKS. HEARING PROTECTION REQUIRED IN DESIGNATED AREAS.***
7. ***SAFETY GLASSES REQUIRED AT ALL TIMES.***
8. ***APPROPRIATE GLOVES REQUIRED AS ENVIRONMENT DICTATES.***

**Certificate Of Hazard Assessment**
**Hazard Assessment Performed By:** _____ **Date:** 7/30/98

# JOB TITLE: MAINTENANCE SUPERVISOR

JOB DESCRIPTION: POSITION SUMMARY:

REPAIRS AND MAINTAINS EQUIPMENT AND SUPPORT EQUIPMENT. TAKES RESPONSIBILITY FOR PROJECT WORK AND ASSOCIATED PAPER WORK. ESTABLISHES PRIORITIES AND SCHEDULES AS NEEDED. ASSISTS EMPLOYEES TO MEET PERFORMANCE AND QUALITY STANDARDS AND HELPS EMPLOYEES AND SUPERVISORS/MANGERS TO SOLVE WORK PROBLEMS.

SUPERVISION OR WORK DIRECTION OF OTHERS:

MONITORS THE WORK OF MAINTENANCE I & II TECHNICIANS, MAINTENANCE MACHINISTS, AND COMPANY OR CONTRACT CUSTODIAL PERSONNEL.

RCRA RESPONSIBILITIES:

AS AN ERT MEMBER RESPONDS TO SPILL EMERGENCIES, AND IS MAN IN CHARGE OF ERT.

EQUIPMENT OPERATION:

COMPANY PICKUP TRUCK, FORKLIFT, ALL BASIC HAND TOOLS AND SHOP EQUIPMENT (INCLUDING DRILLS, SAWS, LATHES, WELDERS, AND GRINDERS), MICROMETERS, CALIPERS, CLAMP-ON AMP METERS (USE AND INTERPRET) V.O.M. - D.O.M. INSTRUMENTATION, PROGRAMMABLE CONTROLLERS (WRITE AND INTERPRET PROBLEMS).

**REMARKS: WORKING CONDITIONS - PPE REQUIRED:**

1. WHEN REPAIRING EQUIPMENT, FREQUENTLY REQUIRED TO PUSH, PULL, LIFT, OR CARRY LOADS IN EXCESS OF 50 POUNDS IN CONSTRAINED AND AWKWARD POSITIONS DEPENDING ON PART OF EQUIPMENT BEING REPAIRED AND LOCATION OF EQUIPMENT.
2. FREQUENT BENDING, SQUATTING, REACHING, AND PERFORMANCE OF DUTIES WHILE UNDER MACHINERY IN PRONE POSITION REQUIRED ON A DAILY BASIS.
3. FREQUENT AND UNPREDICTABLE EXPOSURE TO A VARIETY OF ELEMENTS INCLUDING EXTREME HEAT, COLD, DUST, NOISE, MOISTURE, AND CHEMICALS.
4. FREQUENT EXPOSURE TO RISK OF ELECTRICAL SHOCK, BURNS, FALLS, AND OTHER ASSOCIATED ACCIDENTS CONSISTENT WITH THE NATURE OF THE TASKS BEING PERFORMED. THE USE OF APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT IS REQUIRED.
5. ACCESS TO MANY PARTS OF THE BUILDING AND EQUIPMENT SITES VIA CATWALKS, LADDERS, OR STAIRS IN EXTREMELY CONFINED SPACES AND CRAWL SPACES.
6. ***MUST BE ABLE TO DRIVE COMPANY OWNED PICK-UP TRUCK. USE OF SAFETY BELT REQUIRED AT ALL TIMES.***
7. ***HEARING PROTECTION REQUIRED IN DESIGNATED AREAS.***
8. ***DUE TO CHEMICAL/SMOKE EXPOSURE THAT MAY EXIST WHEN PERFORMING AS A MEMBER OF THE EMERGENCY RESPONSE TEAM, MUST BE RESPIRATOR CERTIFIED, AND ABLE TO PASS A RESPIRATOR FIT TEST FOR SAFETY. NO INTERFERING FACIAL HAIR ALLOWED.***
9. ***SAFETY GLASSES ARE REQUIRED AT ALL TIMES.***
10. ***APPROPRIATE GLOVES REQUIRED AS ENVIRONMENT DICTATES.***

**Certificate Of Hazard Assessment**
**Hazard Assessment Performed By:** Scott Adams **Date:** 7/30/98

# JOB TITLE: MAINTENANCE I & II TECHNICIAN

JOB DESCRIPTION: POSITION SUMMARY:

ASSISTS IN THE MAJOR REPAIR OF ELECTRICAL MECHANICAL EQUIPMENT. DOES MINOR TROUBLE SHOOTING AND REPAIRS OF THE POSTVILLE FACILITY.

RCRA RESPONSIBILITIES:

AS AN ERT MEMBER RESPONDS TO SPILL EMERGENCIES.

EQUIPMENT OPERATION:

COMPANY PICK-UP TRUCK, FORKLIFT, ALL BASIC HAND TOOLS AND SHOP EQUIPMENT (INCLUDING DRILLS, SAWS, WELDERS, AND GRINDERS), MICROMETERS, CALIPERS, V.O.M., AMPMETER, PROGRAMMABLE CONTROLLER

**REMARKS: WORKING CONDITIONS - PPE REQUIRED:**

1. WHEN REPAIRING EQUIPMENT, FREQUENTLY REQUIRED TO PUSH, PULL, LIFT, OR CARRY LOADS IN EXCESS OF 50 POUNDS IN CONSTRAINED AND AWKWARD POSITIONS DEPENDING ON PART OF EQUIPMENT BEING REPAIRED AND LOCATION OF EQUIPMENT.
2. FREQUENT BENDING, SQUATTING, REACHING, AND PERFORMANCE OF DUTIES WHILE UNDER MACHINERY IN PRONE POSITION REQUIRED ON A DAILY BASIS.
3. FREQUENT AND UNPREDICTABLE EXPOSURE TO A VARIETY OF ELEMENTS INCLUDING EXTREME HEAT, COLD, DUST, NOISE, MOISTURE, AND CHEMICALS.
4. FREQUENT EXPOSURE TO RISK OF ELECTRICAL SHOCK, BURNS, FALLS, AND OTHER ASSOCIATED ACCIDENTS CONSISTENT WITH THE NATURE OF THE TASKS BEING PERFORMED. THE USE OF APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT IS REQUIRED.
5. ACCESS TO MANY PARTS OF THE BUILDING AND EQUIPMENT SITES VIA CATWALKS, LADDERS, OR STAIRS IN EXTREMELY CONFINED SPACES AND CRAWL SPACES.
6. ***ABLE TO DRIVE COMPANY OWNED PICK-UP TRUCK. USE OF SAFETY BELT REQUIRED AT ALL TIMES.***
7. ***HEARING PROTECTION REQUIRED IN DESIGNATED AREAS.***
8. ***DUE TO CHEMICAL/SMOKE EXPOSURE THAT MAY EXIST WHEN PERFORMING AS A MEMBER OF THE EMERGENCY RESPONSE TEAM, MUST BE RESPIRATOR CERTIFIED, AND MUST ABLE TO PASS A RESPIRATOR FIT TEST FOR SAFETY. NO INTERFERING FACIAL HAIR ALLOWED.***
9. ***SAFETY GLASSES ARE REQUIRED AT ALL TIMES.***
10. ***APPROPRIATE GLOVES REQUIRED AS ENVIRONMENT DICTATES.***

**Certificate Of Hazard Assessment**
**Hazard Assessment Performed By:** Scott Dunn **Date:** 7/30/98

# JOB TITLE: MAINTENANCE LEAD

JOB DESCRIPTION: POSITION SUMMARY:

REPAIRS AND MAINTAINS EQUIPMENT AND SUPPORT EQUIPMENT. TAKES RESPONSIBILITY FOR PROJECT WORK AND ASSOCIATED PAPER WORK. ESTABLISHES PRIORITIES AND SCHEDULES AS NEEDED. ASSISTS EMPLOYEES TO MEET PERFORMANCE AND QUALITY STANDARDS AND HELPS EMPLOYEES AND SUPERVISORS/MANGERS TO SOLVE WORK PROBLEMS.

SUPERVISION OR WORK DIRECTION OF OTHERS:

MONITORS THE WORK OF MAINTENANCE I&II TECHNICIANS, AND COMPANY OR CONTRACT CUSTODIAL PERSONNEL.

RCRA RESPONSIBILITIES:

AS AN ERT MEMBER RESPONDS TO SPILL EMERGENCIES, AND IS MAN IN CHARGE OF ERT.

EQUIPMENT OPERATION:

COMPANY PICKUP TRUCK, FORKLIFT, ALL BASIC HAND TOOLS AND SHOP EQUIPMENT (INCLUDING DRILLS, SAWS, LATHES, WELDERS, AND GRINDERS), MICROMETERS, CALIPERS, CLAMP-ON AMP METERS (USE AND INTERPRET) V.O.M. - D.O.M. INSTRUMENTATION, PROGRAMMABLE CONTROLLERS (WRITE AND INTERPRET PROBLEMS).

**REMARKS: WORKING CONDITIONS - PPE REQUIRED:**

1. WHEN REPAIRING EQUIPMENT, FREQUENTLY REQUIRED TO PUSH, PULL, LIFT, OR CARRY LOADS IN EXCESS OF 50 POUNDS IN CONSTRAINED AND AWKWARD POSITIONS DEPENDING ON PART OF EQUIPMENT BEING REPAIRED AND LOCATION OF EQUIPMENT.
2. FREQUENT BENDING, SQUATTING, REACHING, AND PERFORMANCE OF DUTIES WHILE UNDER MACHINERY IN PRONE POSITION REQUIRED ON A DAILY BASIS.
3. FREQUENT AND UNPREDICTABLE EXPOSURE TO A VARIETY OF ELEMENTS INCLUDING EXTREME HEAT, COLD, DUST, NOISE, MOISTURE, AND CHEMICALS.
4. FREQUENT EXPOSURE TO RISK OF ELECTRICAL SHOCK, BURNS, FALLS, AND OTHER ASSOCIATED ACCIDENTS CONSISTENT WITH THE NATURE OF THE TASKS BEING PERFORMED. THE USE OF APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT IS REQUIRED.
5. ACCESS TO MANY PARTS OF THE BUILDING AND EQUIPMENT SITES VIA CATWALKS, LADDERS, OR STAIRS IN EXTREMELY CONFINED SPACES AND CRAWL SPACES.
6. ***ABLE TO DRIVE COMPANY OWNED PICK-UP TRUCK. USE OF SAFETY BELT REQUIRED AT ALL TIMES.***
7. ***HEARING PROTECTION REQUIRED IN DESIGNATED AREAS.***
8. ***DUE TO CHEMICAL/SMOKE EXPOSURE THAT MAY EXIST WHEN PERFORMING AS A MEMBER OF THE EMERGENCY RESPONSE TEAM, MUST BE RESPIRATOR CERTIFIED, AND ABLE TO PASS A RESPIRATOR FIT TEST FOR SAFETY. NO INTERFERING FACIAL HAIR ALLOWED.***
9. ***SAFETY GLASSES ARE REQUIRED AT ALL TIMES.***
10. ***APPROPRIATE GLOVES REQUIRED AS ENVIRONMENT DICTATES.***

**Certificate Of Hazard Assessment**
**Hazard Assessment Performed By:** Scott Johnson **Date:** 7/30/98